MAPIR 5.7 Walk-Through

Vermont Medicaid
Electronic Health Record (EHR)
Incentive Program

May 25, 2016

Agenda

- Welcome
- CMS: The Future of Meaningful Use
- Key Dates
- Modified MU-2 Rule Highlights
- MAPIR 5.7 Screens
- Public Health Objective
- File Uploads: Required and Recommended Documentation
- Question and Answer Session

CMS and the Future of Meaningful Use

MACRA
Medicare Access and CHIP Reauthorization Act

MIPS
Merit-based Payment System

Moving toward improved care through information

APRIL 27

By: Andy Slavitt, Acting Administrator, Centers for Medicare & Medicaid Services
Dr. Karen DeSalvo, National Coordinator, Office of the National Coordinator for Health IT

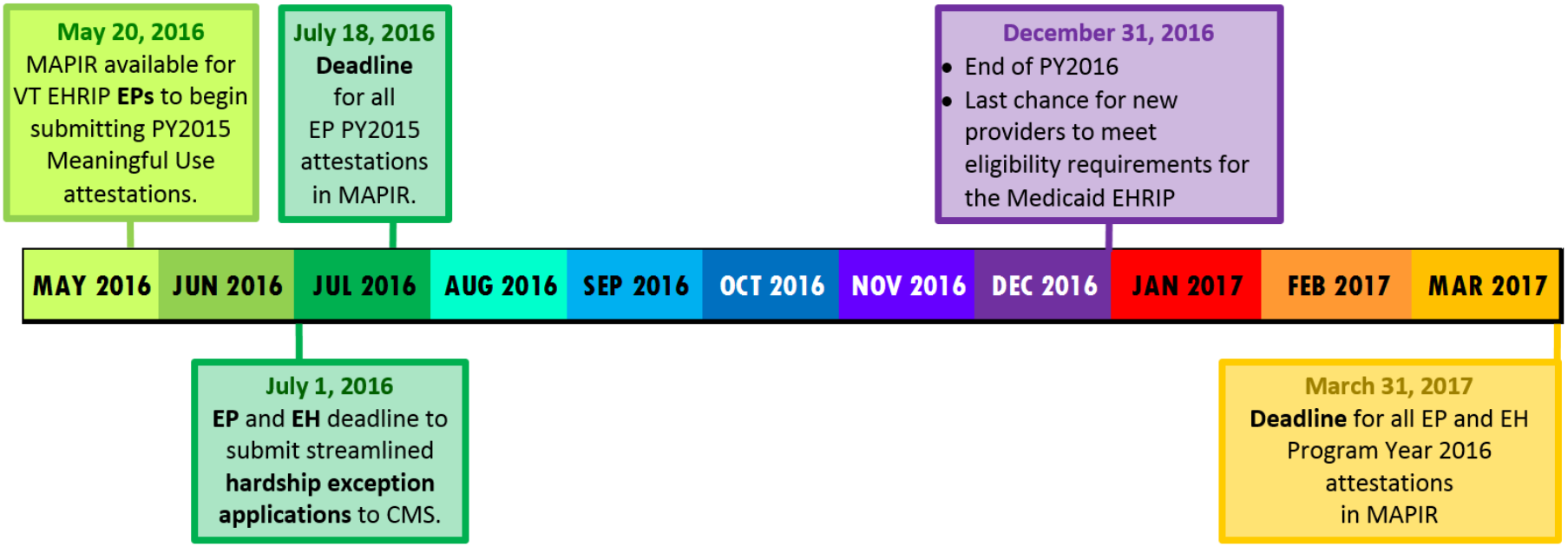
Seven years ago, Congress passed a law to spur the country to digitize the health care experience for Americans and connect doctors' practices and hospitals, thereby modernizing patient care through the Electronic Health Records (EHRs) Incentive Programs, also known as "Meaningful Use." Before this shift began, many providers did not have the capital to invest in health information technology and patient information was siloed in paper records. Since then, we have made incredible progress, with nearly all hospitals and three-quarters of doctors using EHRs. Through the use of health information technology, we are seeing some of the benefits from early applications like safe and accurate prescriptions sent electronically to pharmacies and lab results available from home. But, as many doctors and patients will tell you (and have told us), we remain a long way from fully realizing the potential of these important tools to improve care and health.

That is why, as we mentioned earlier this year, we have conducted a review of the Meaningful Use Program for Medicare physicians as part of our implementation of the Medicare Access and CHIP Reauthorization Act (MACRA), with the aim of reconsidering the program so we could move closer to achieving the full potential health IT offers.

Over the last several months, we have made an unprecedented commitment to listening to and learning from physicians and patients about their experience with health information technology – both the positive and negative. We spoke with over 6,000 stakeholders across the country, including clinicians and patients, in a variety of local communities. Today, based on that feedback, we are proposing to incorporate the program in to the Merit-based Payment System (MIPS) in a way that makes it more **patient-centric**, **practice-driven** and focused on **connectivity**. This new program within MIPS is named Advancing Care Information.

https://blog.cms.gov/2016/04/

Key Dates


May 20, 2016
MAPIR available for VT EHRIP **EPs** to begin submitting PY2015 Meaningful Use attestations.
July 18, 2016
Deadline for all EP PY2015 attestations in MAPIR.
December 31, 2016
• End of PY2016
• Last chance for new providers to meet eligibility requirements for the Medicaid EHRIP
MAY 2016
JUN 2016
JUL 2016
AUG 2016
SEP 2016
OCT 2016
NOV 2016
DEC 2016
JAN 2017
FEB 2017
MAR 2017
July 1, 2016
EP and **EH** deadline to submit streamlined **hardship exception applications** to CMS.
March 31, 2017
Deadline for all EP and EH Program Year 2016 attestations in MAPIR

Modified MU-2 Rule Highlights

- There are now 10 Objectives (with multiple measures) that replace *Core* and *Menu* measures.
- Instead of using Stage 1 and Stage 2, CMS is referring to the measures as *Modified MU Stage 2*. Accommodate all providers scheduled to be in Stage 1 by having Alternate Measures and Alternate exclusions as options during attestation.
- Any provider who has already attested to two years of MU will be attesting to the Modified MU Stage 2 Objectives without *Alternate Measures.*
- All attestations for Program Year 2015 will utilize a 90-day EHR reporting period.
- Program Year 2016 is underway: All providers who have attested to Meaningful Use prior to 2016 will need to complete a full year of MU for program year 2016.

MAPIR 5.7 Screens – Consult the EP User Guides

Screenshot from the EHRIP website

MAPIR User Guides

Before proceeding with an application in MAPIR, download and review the helpful User Guides. As you step through the screens in the MAPIR system, the User Guide provides additional explanation, illustrated hints, tips on how to navigate, and documentation forms. Reviewing the User Guide will help you organize the reports and data needed for attestation. Assembling this information ahead of time will maximize your productivity when you are logged into the MAPIR system.

The MAPIR 5.7 User Guides for Eligible Professionals are separate documents specific to the task and Program Year you are attesting for.

Part 1 - For all EPs attesting in PY2015 and PY2016: *Getting Started, Confirm R&A and Contact Info, Eligibility, Patient Volumes*

Part 2A (PY2015) - Only for EPs attesting for **Program Year 2015**: *Attestation Phase, MU General Requirements, MU Objectives, CQMs*

Part 2B (PY2016) - Only for EPs attesting for **Program Year 2016**: *Attestation Phase, MU General Requirements, MU Objectives, CQMs*

Part 3 - For all EPs attesting in PY2015 and PY2016: *Review Application; Questionnaire, File Uploads, Required and Recommended Documentation, Submission, Post Submission Activities, Statuses, Review and Adjustment*

Part 4 - For all For all EPs attesting in PY2015 and PY2016: *Additional User Information, Appendices*

http://healthdata.vermont.gov/ehrip/Apply

MAPIR 5.7 Screens – Getting Started

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
○	Adoption	Completed	1	2014	$21,250.00	Select the "Continue" button to view this application.
○		Not Started	2	2015	Unknown	Select the "Continue" button to begin this application.
○		Not Started	2	2016	Unknown	Select the "Continue" button to begin this application.
○	*Future*	*Future*	*3*	*Future*	*Unknown*	*None at this time*
○	*Future*	*Future*	*4*	*Future*	*Unknown*	*None at this time*
○	*Future*	*Future*	*5*	*Future*	*Unknown*	*None at this time*
○	*Future*	*Future*	*6*	*Future*	*Unknown*	*None at this time*

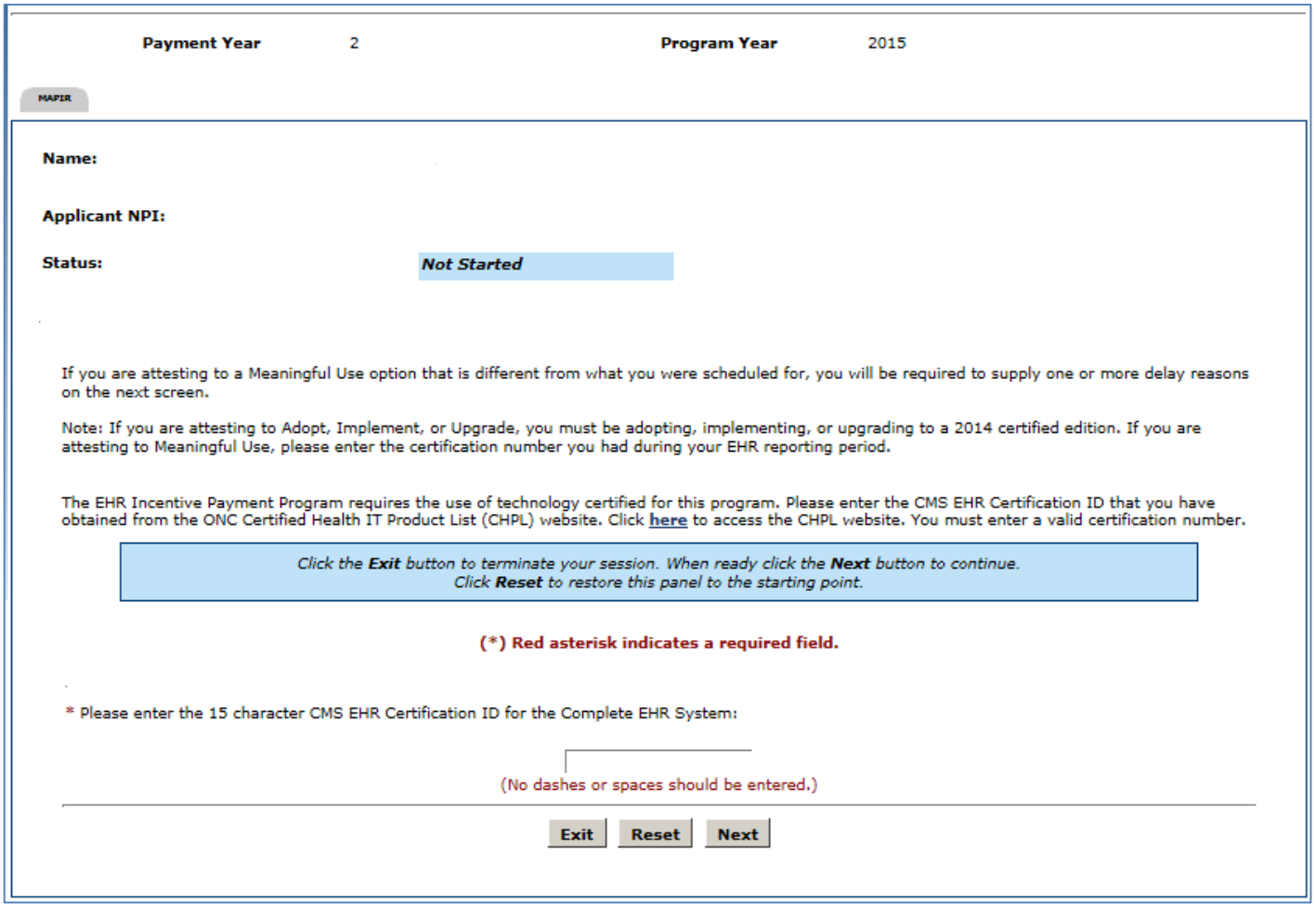
You are in the **Grace Period** for Program Year 2015 which began on 01/01/2016 and will end on **07/18/2016**. The Grace Period extends the amount of time to submit an application for the previous Program Year. **ALL Program Year 2015 applications are now being accepted**, and must be submitted by midnight on **July 18, 2016**.

Program Year 2016 applications are also being accepted. Providers attesting Adopt/Implement/Upgrade or for their first year of Meaningful Use using a 90-day EHR reporting period may submit applications. Providers beyond their first year of Meaningful Use in Program Year 2016 must use a full year for their EHR reporting period, and will submit their applications in early 2017. All Program Year 2016 applications must be submitted by March 31, 2017

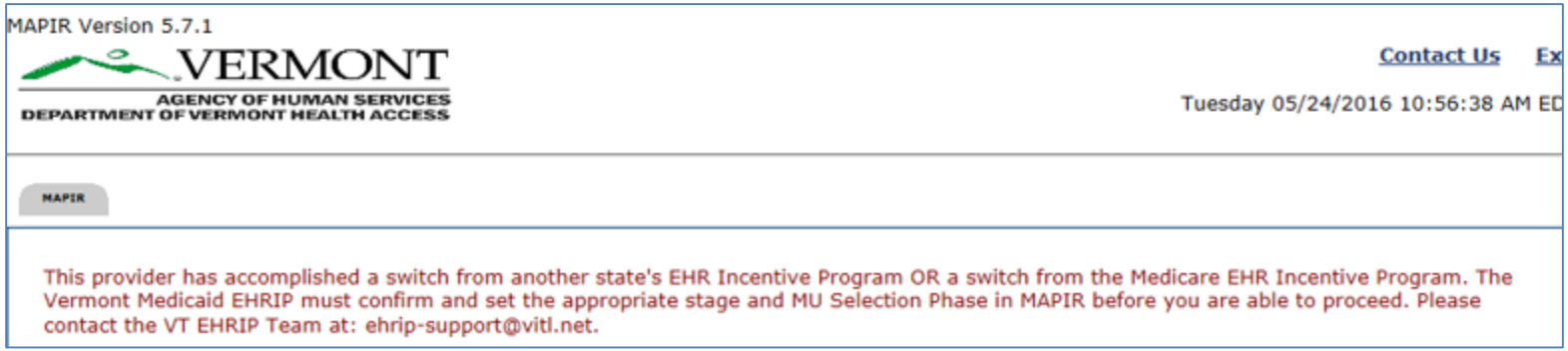
Continue

See pages 8 – 15 of the **EP User Guide Part 1** for step-by-step guidance on logging into the Medicaid Portal and *Getting Started*.

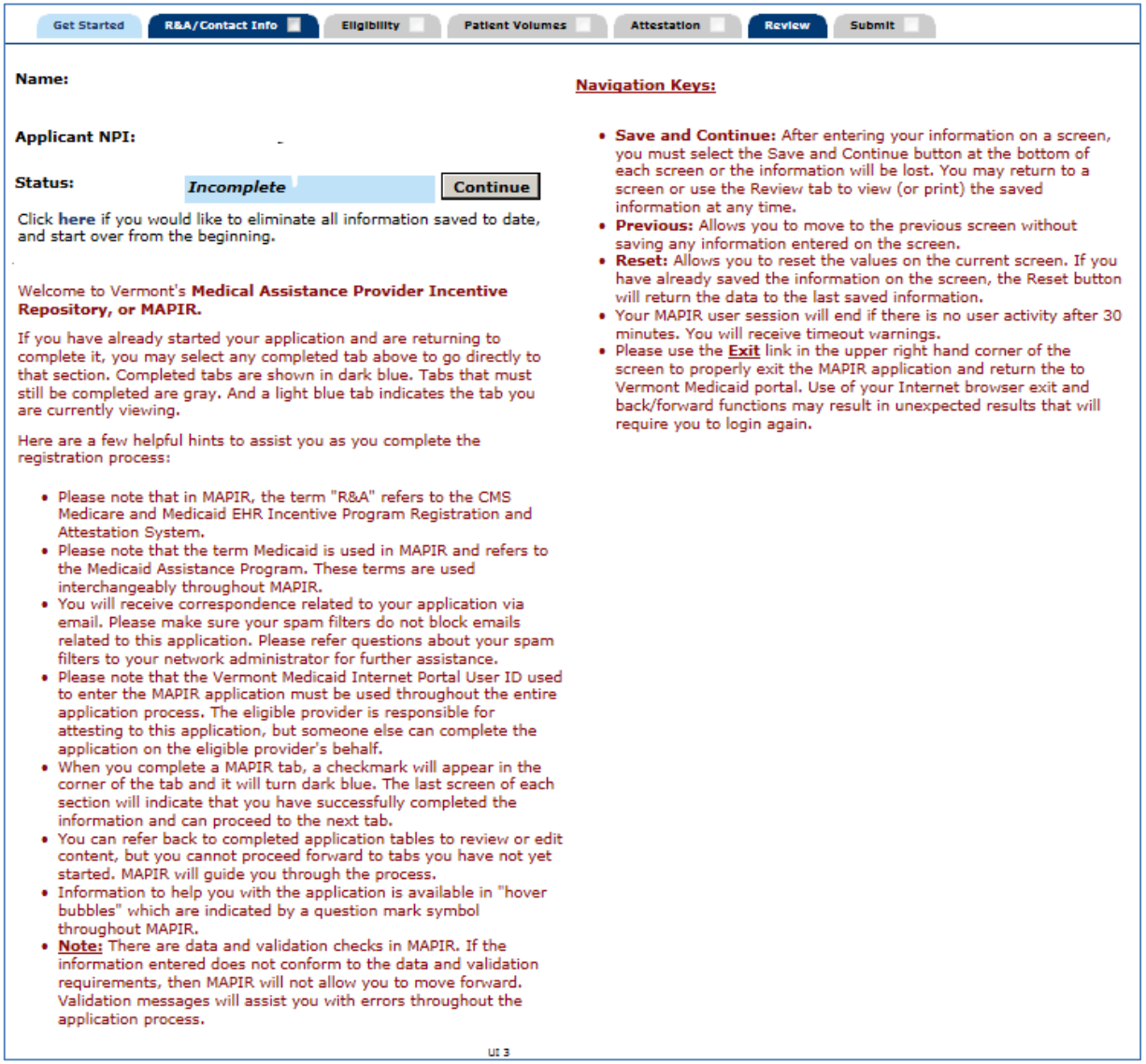
MAPIR 5.7 Screens – Getting Started – Continued



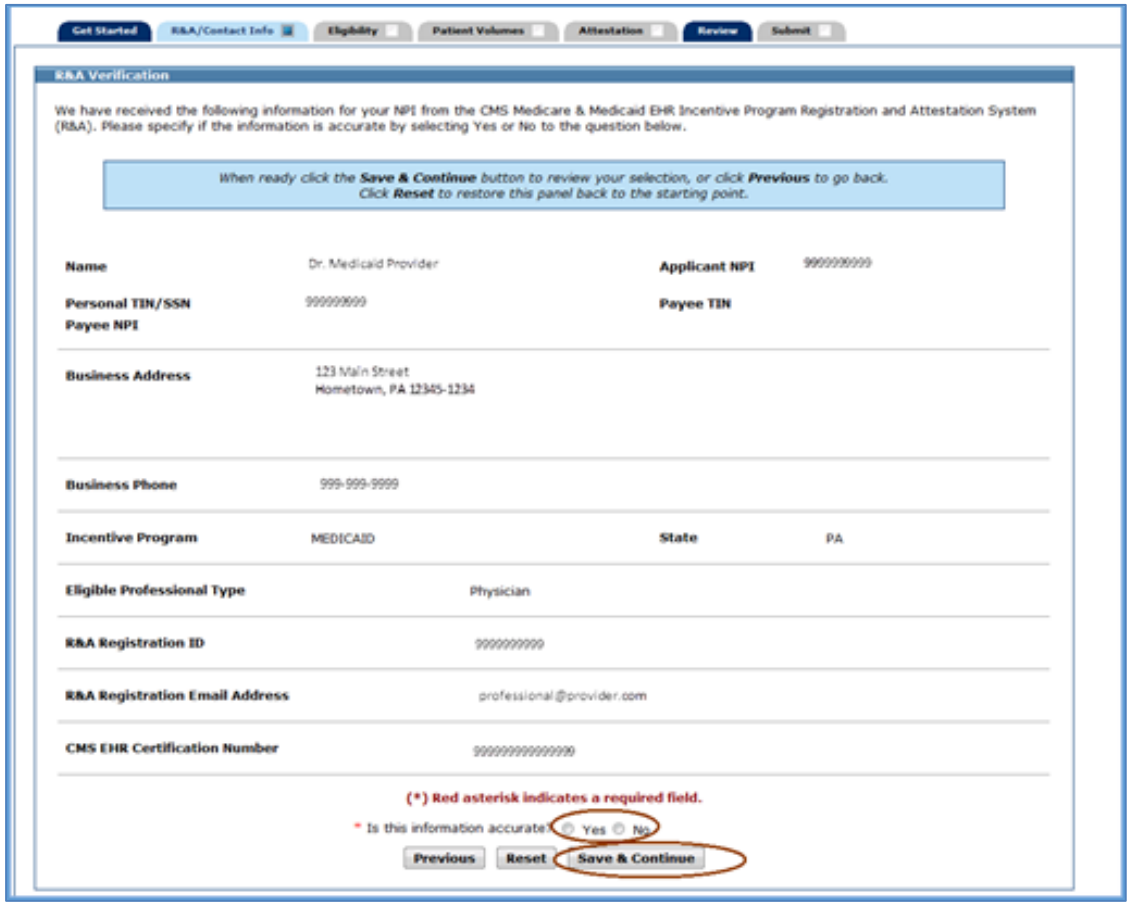
MAPIR 5.7 Screens – Getting Started – Program or State Switch



MAPIR 5.7 Screens – Confirm R&A and Contact Info



MAPIR 5.7 Screens – Changes to the R&A Info



See pages
17 – 19
of the **EP User Guide Part 1**

If you answer *No* because the R&A information is incorrect, you will need to return to the R&A website to correct it. It takes at least 24 hours for the updates to be applied to the information in MAPIR.

There is no need to update the CEHRT ID at the CMS R&A site. That will happen when the application is submitted.

MAPIR 5.7 Screens – 'Registration in Progress'

Name: Medicaid Hospital

Applicant NPI: 1234567890

Status: *Registration in Progress*

IMPORTANT:

Our records indicate that your registration is in progress at the CMS Medicare and Medicaid EHR Incentive Payment Program Registration and Attestation System (R&A) and you must complete that registration process before you can access your application here.

The R&A website https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp will have instructions on how to save your registration after a modification.

You must choose "Submit Registration" at the R&A after you have reviewed and confirmed the information is correct.

Please allow 24 to 48 hours after saving your registration at the R&A before accessing your EHR Medicaid Incentive application.

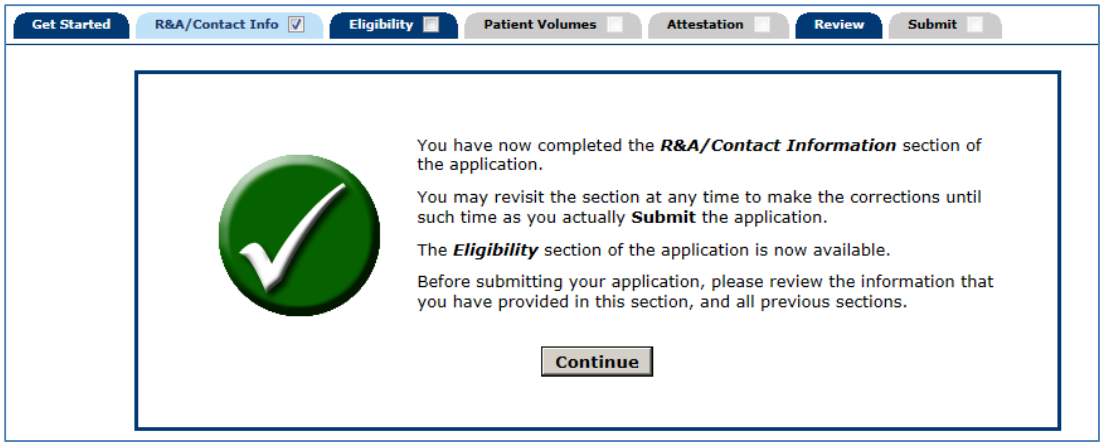
If you have successfully completed the CMS R&A registration, please contact <state defined ID> for assistance.

If any changes are initiated but not completed, the R&A may report "**Registration in Progress**". This will result in your application being placed in a hold status.

You must go ALL THE WAY THROUGH the CMS R&A registration to accept/agree/submit in order to trigger any changes.

http://healthdata.vermont.gov/ehrip/Help/Access

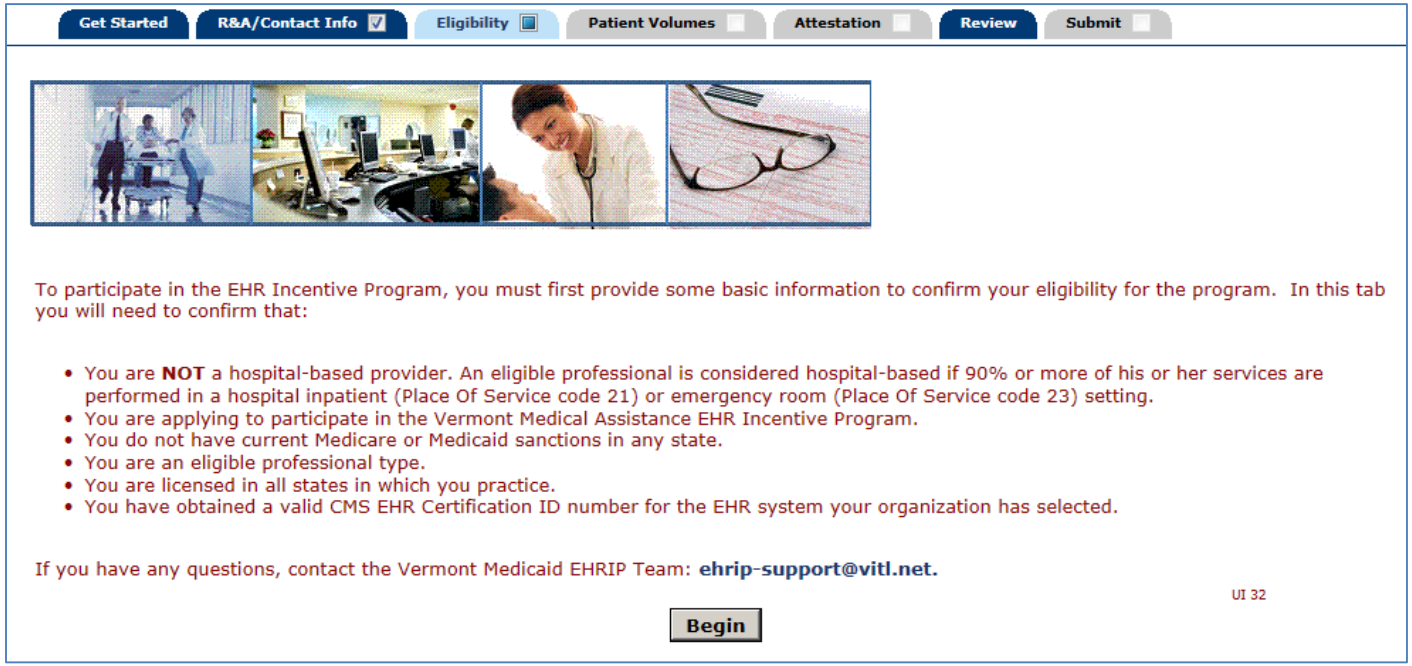
MAPIR 5.7 Screens – Section Complete



The green circle with the white checkmark confirms that all the required information for a section is completed.

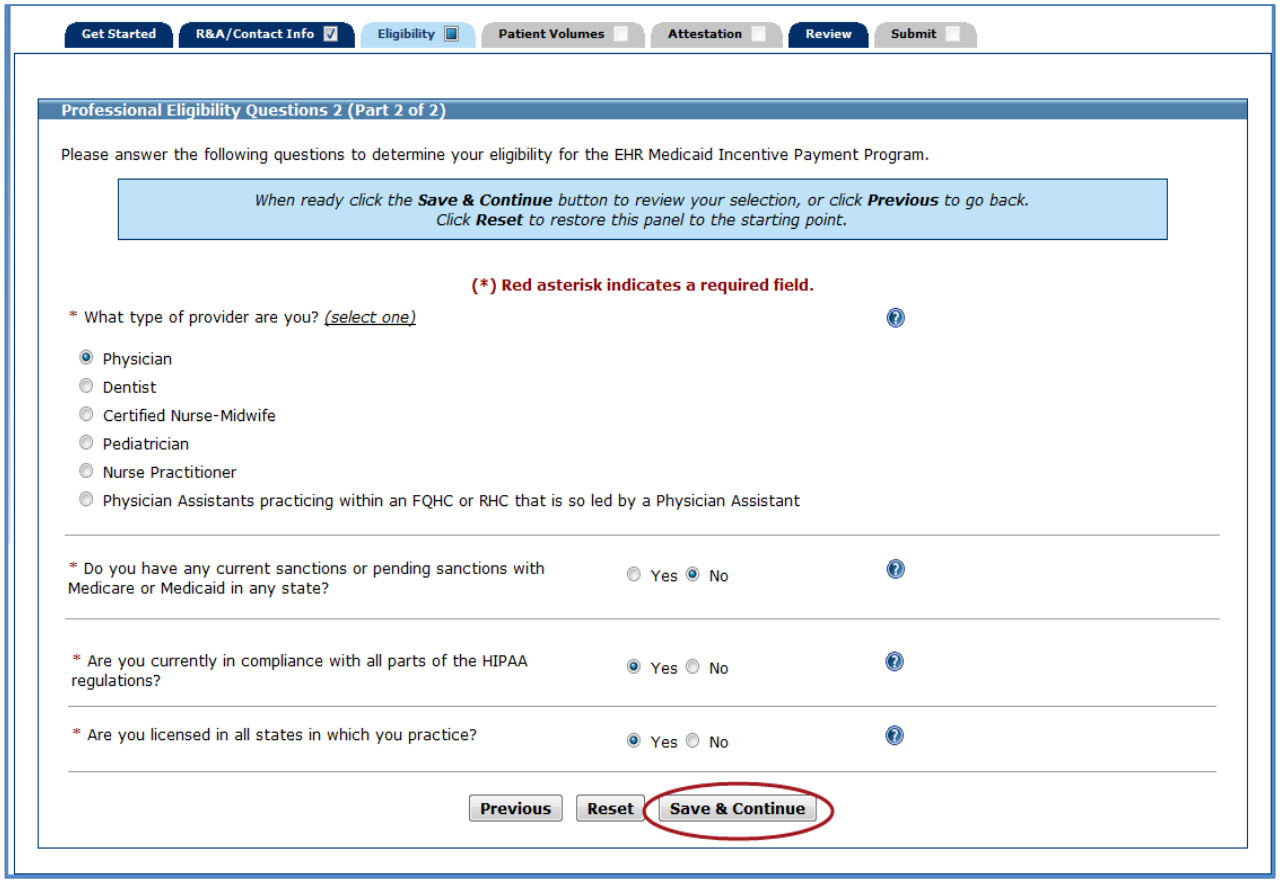
Evaluation and assessment of the eligibility and Meaningful Use criteria does not occur until the "Submit" button is hit.

MAPIR 5.7 Screens – Eligibility



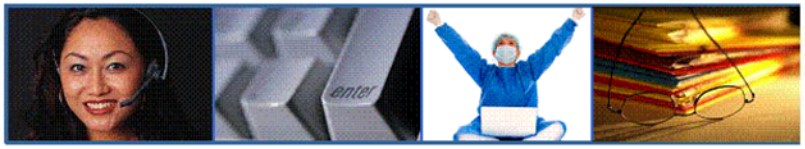
See pages 20 – 21 of the **EP User Guide Part 1** for details of the Eligibility screens.

MAPIR 5.7 Screens – Eligibility – Continued



MAPIR 5.7 Screens – Patient Volume Begin

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☑ | Review | Submit ☐



Please review the definition of 'Medicaid encounter' and a summary of patient volume reporting period options at our website:
http://healthdata.vermont.gov/ehrip/PatientVolume

We also strongly recommend supporting documentation for a provider's patient volume be uploaded to the attestation, using the Patient Volume Data Tool Template you can download here: **http://healthdata.vermont.gov/ehrip/PatientVolume/Datatool**

The next section of the application will collect data to verify Medicaid patient encounter volume. Eligible professionals must meet the Medicaid patient volume threshold which is typically a minimum of 30 percent, but can be 20 percent or higher for pediatricians.

You have a number of options for reporting your Medicaid patient volume depending on your provider type and service location:

- Individual Practitioner
- FQHC/RHC Individual Practitioner
- Group/Clinic
- FQHC/RHC Group
- Vermont Medicaid does NOT accept Practitioner Panel submissions. If you choose a Practitioner Panel option on the following screens, the system will let you continue, but your application will be returned to you to be redone.

Medicaid patient volume is measured over a continuous 90-day period in the previous calendar year OR preceding 12-month period from the date of attestation. You will enter the start date and MAPIR will calculate the end date.

To avoid common errors in selecting a valid 90-day patient volume period, please review our helpful guide:
http://healthdata.vermont.gov/sites/healthdata/files/pdfs/EHRIP/PatientVolumeReportingPeriodOptions.doc

Once you have determined how you wish to report patient volumes and for what time period, MAPIR will display your practice location(s) on file with VT Medicaid.

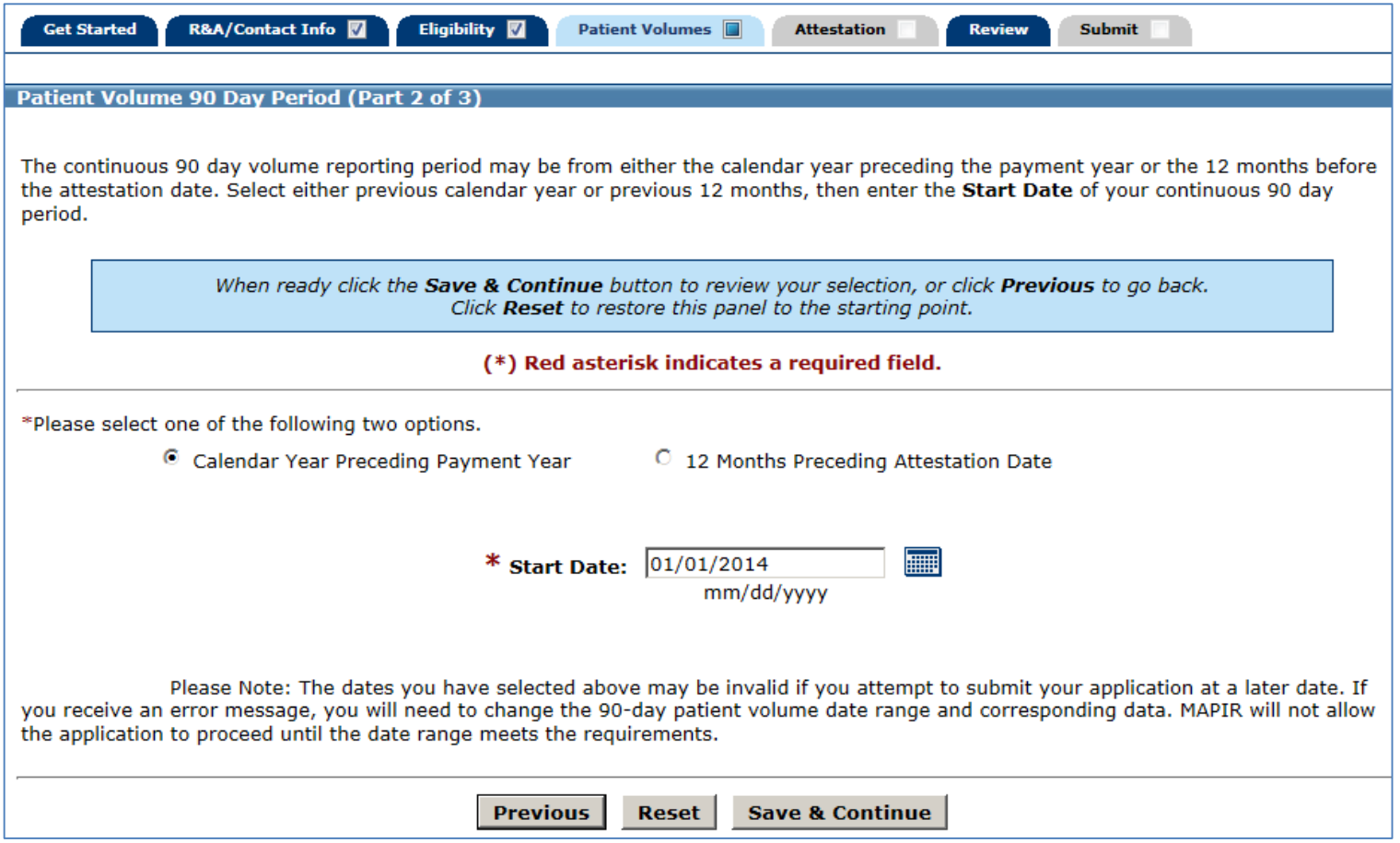
- You must select at least one location where you are meeting Medicaid patient volume thresholds AND you are utilizing EHR technology.
- If you wish to report patient volumes for a location or site that is not listed, use the Add Location feature.
- Please note that a location added in MAPIR does not get added to Vermont Medicaid.

UI 41

Begin

See page 22 of the **EP User Guide Part 1** for the start of the Patient Volume guidance and screenshots.

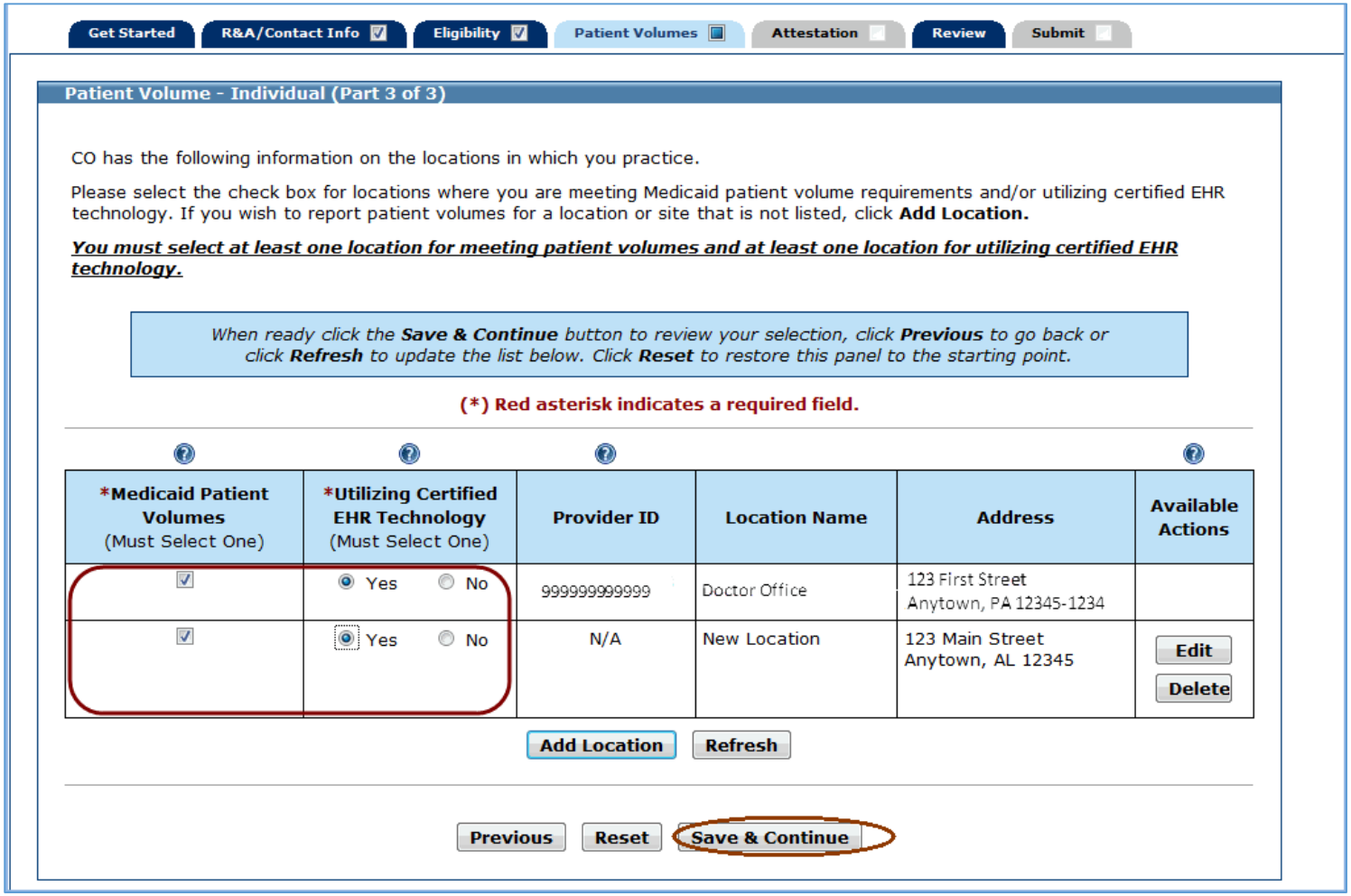
MAPIR 5.7 Screens – Patient Volume Select 90-Day Period



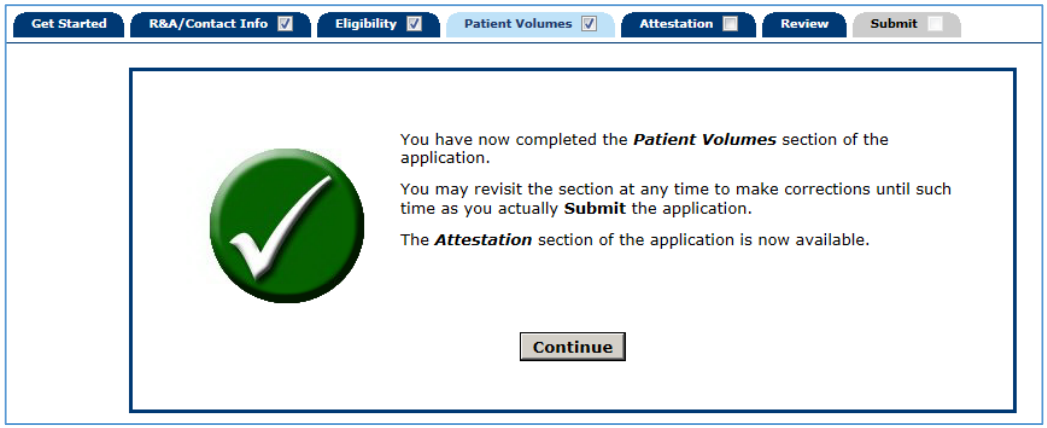
http://healthdata.vermont.gov/ehrip/PatientVolume

MAPIR 5.7 Screens – Patient Volume MAPIR Calculation

MAPIR 5.7 Screens – Patient Volume Practice Locations



MAPIR 5.7 Screens – Patient Volume Documentation



The best time to prepare for an audit is at the time of attestation.

Required documentation for Patient Volume:

- Group Definition, for all providers attesting with Group Patient Volume

Recommended documentation for Patient Volume:

- A data file using the EHRIP Patient Volume Data Tool

http://healthdata.vermont.gov/ehrip/PatientVolume

MAPIR 5.7 Screens – Attestation

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ☐ | Review | Submit ☐

In this portion of MAPIR, you will need to attest to various incentive program participation requirements, including your EHR system adoption phase, payment designation, and provider liability.

EHR System Adoption Phase
You will be asked to confirm whether you are adopting, implementing, or upgrading (A/I/U) federally-certified EHR technology. For *Implement* or *Upgrade*, you will need to describe whether tasks are *Planned/In Progress* or *Complete*.
Please refer to the *User Guide for Eligible Professionals* for additional guidance on Adopt, Implement and Upgrade:
http://healthdata.vermont.gov/ehrip/Apply

Payment Designations
If you assigned your payment when you registered with the R&A, you will need to confirm that the assignment was voluntary. You will also need to confirm the payment address of the payee that you designated.

Provider Liability
The eligible professional for whom the payment is being requested is responsible and liable for any errors or falsifications submitted in this attestation process.
The eligible professional, and not the contact for the application process or the preparer of the application, will be held accountable for any incorrect information or overpayments.

Once your attestation is complete, you will be directed to the *Review* tab. Please review all information for accuracy and completeness and revise your application as needed.

NOTE: Once you submit your application, you cannot make any changes, but you will be able to upload documents.
MAPIR will provide validation messages to assist you with the application. These messages will be displayed once you move to the *Submit* tab.

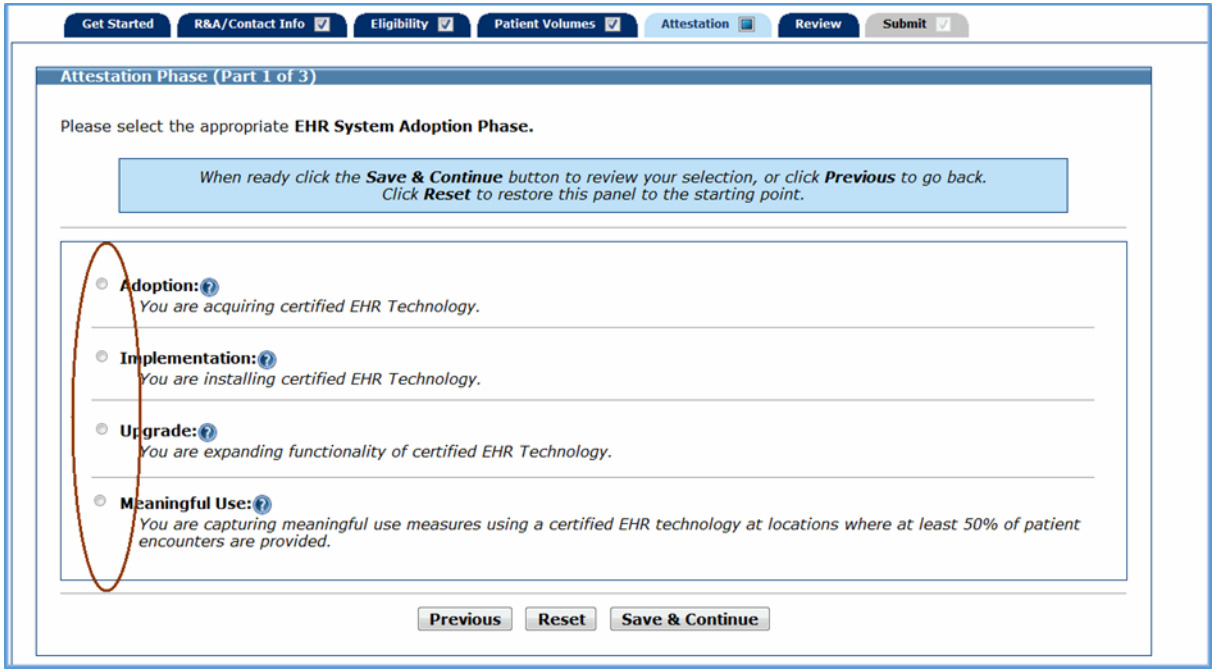
If you have completed your application and are ready to proceed, you MUST click the *Submit* tab.

UI 75

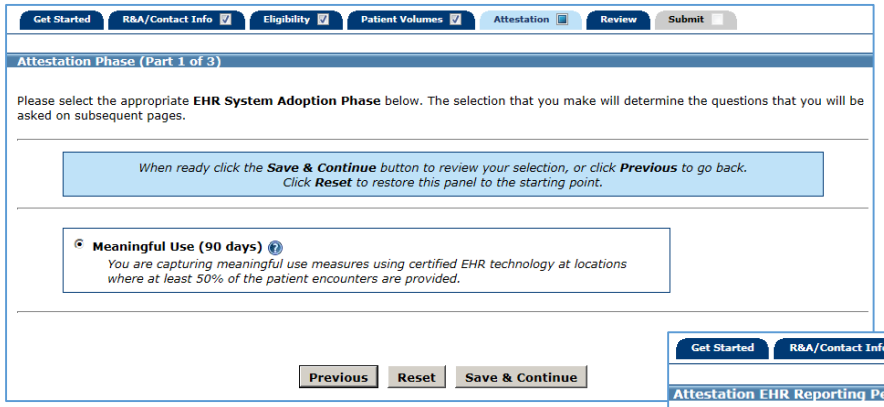
Begin

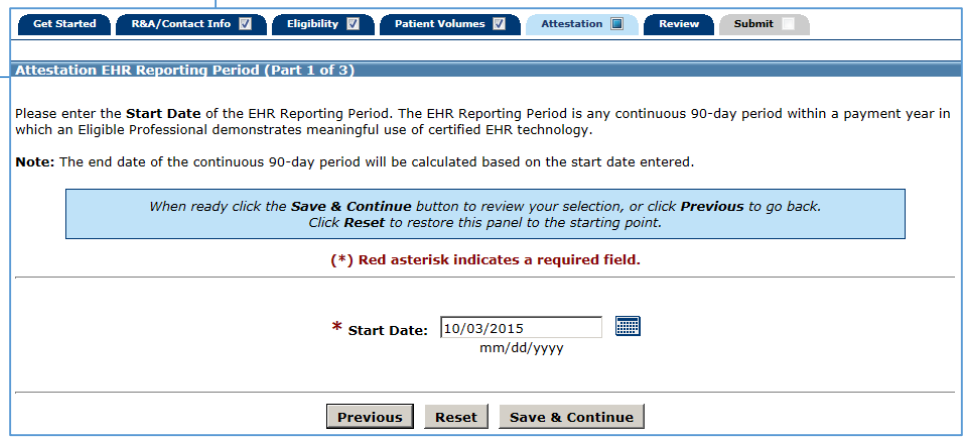
See page 15 22 of the **EP User Guide Part 2A** for the start of the 2015 MU Attestation screenshots.

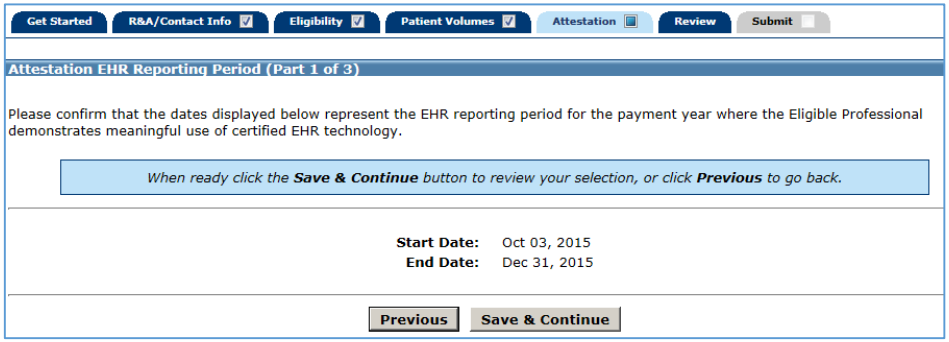
MAPIR 5.7 Screens – Attestation Phase



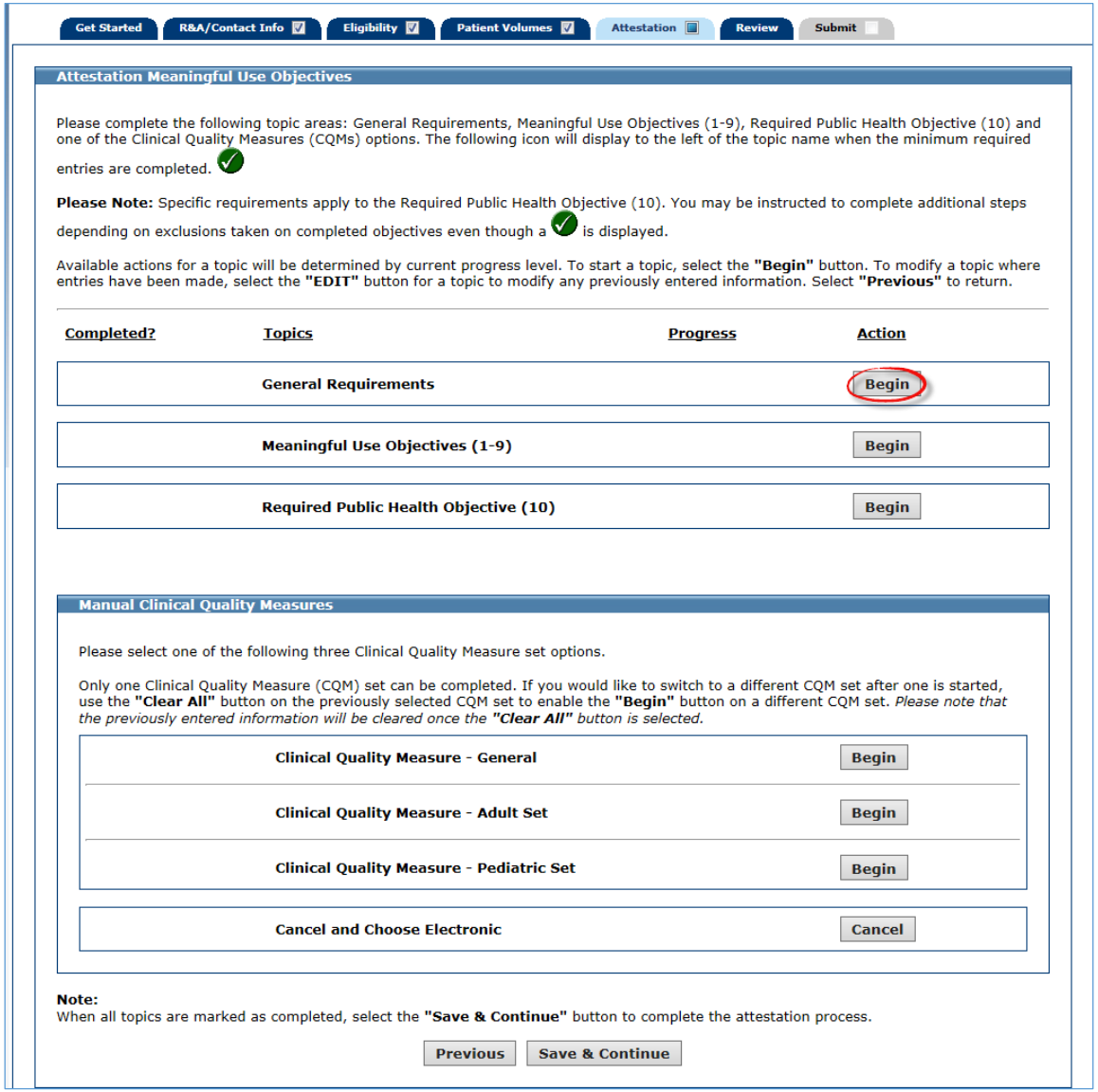
MAPIR 5.7 Screens – EHR Reporting Period Dates



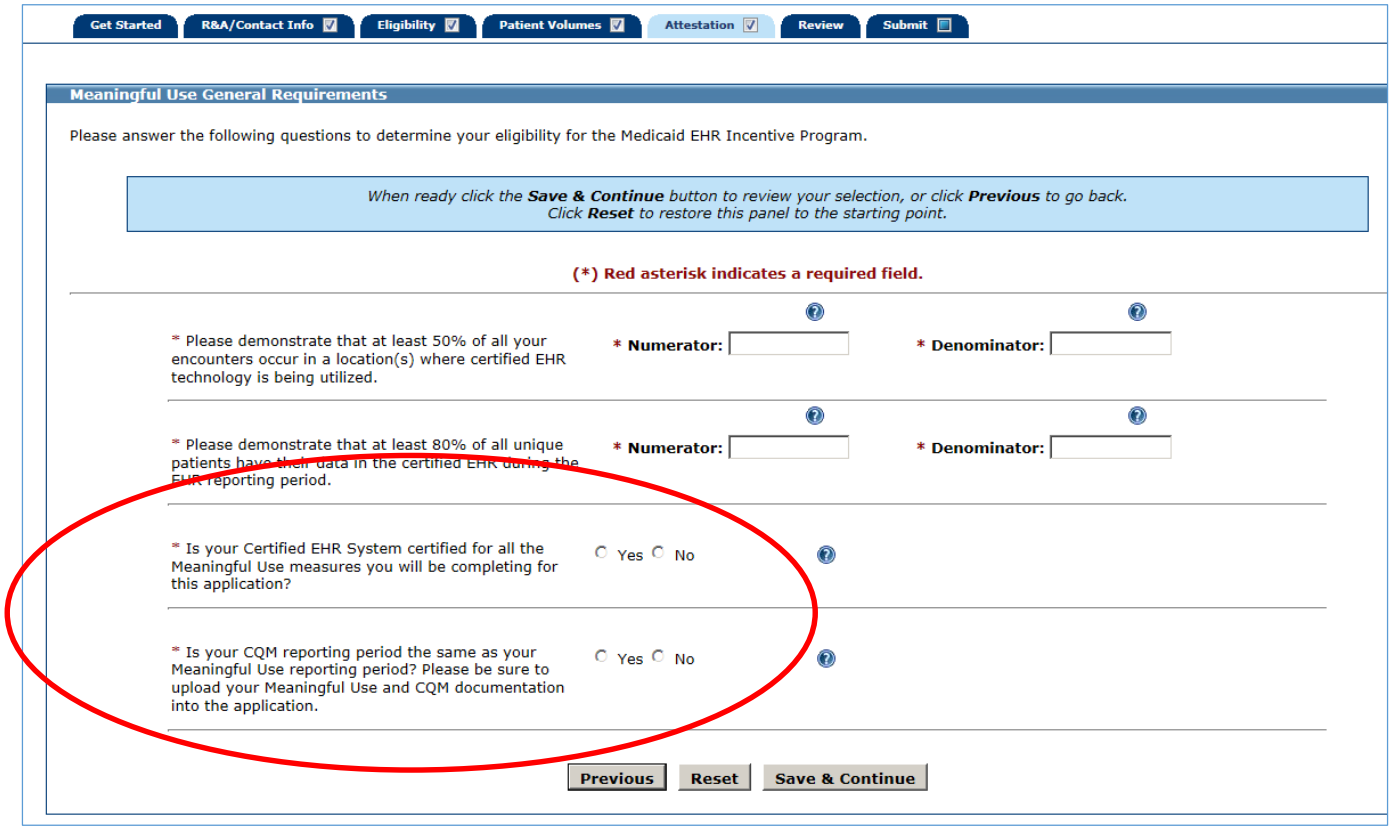




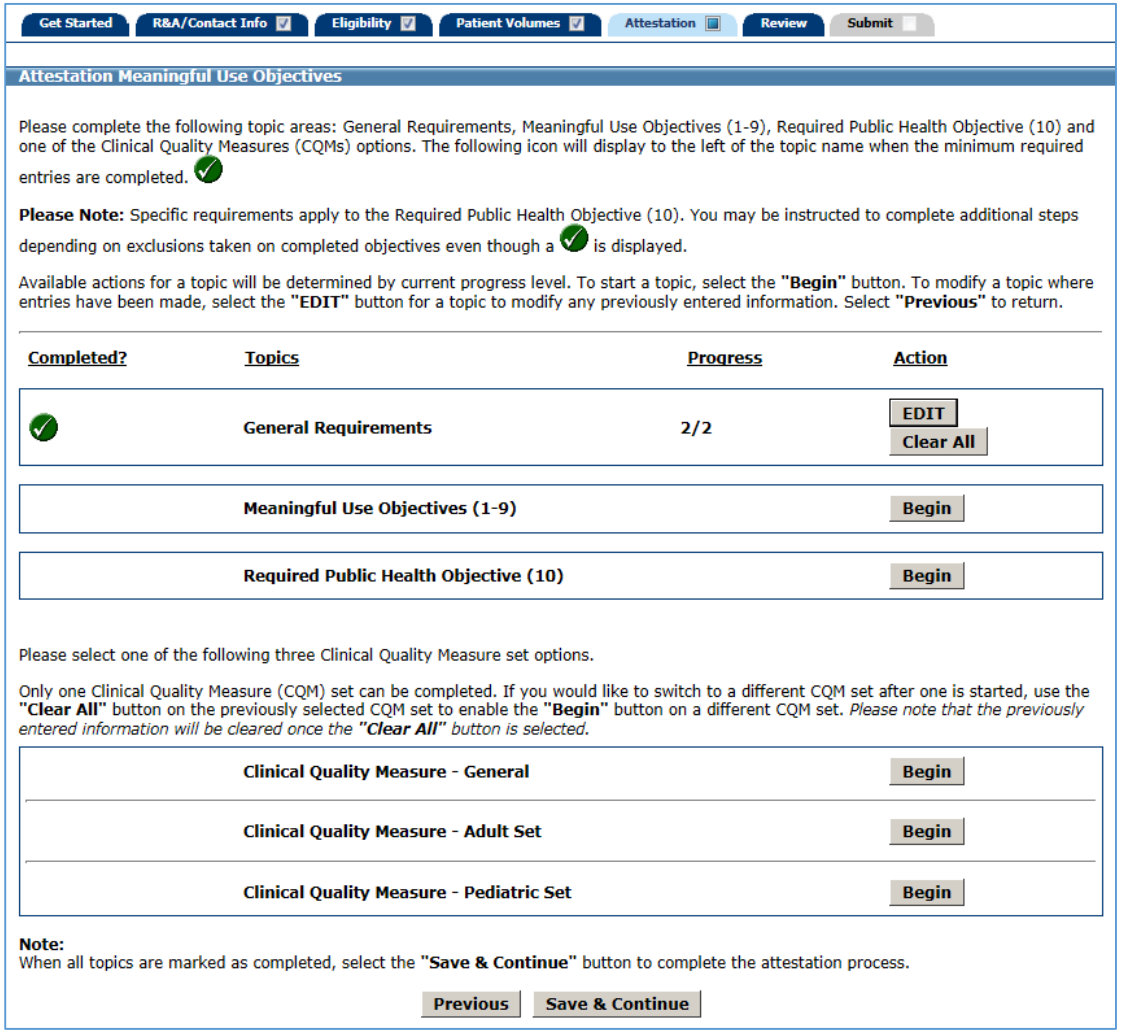
MAPIR 5.7 Screens – Meaningful Use Main Screen



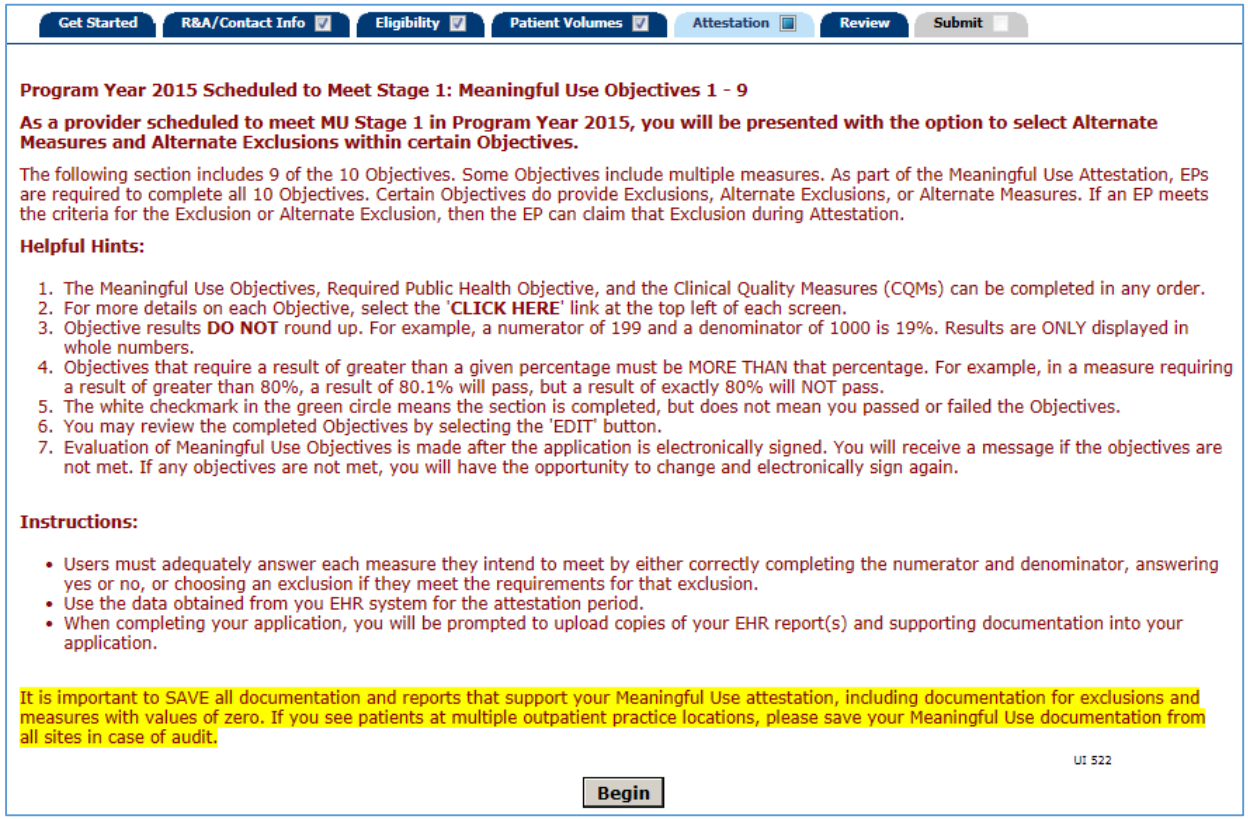
MAPIR 5.7 Screens – General Requirements



MAPIR 5.7 Screens – Meaningful Use Objectives



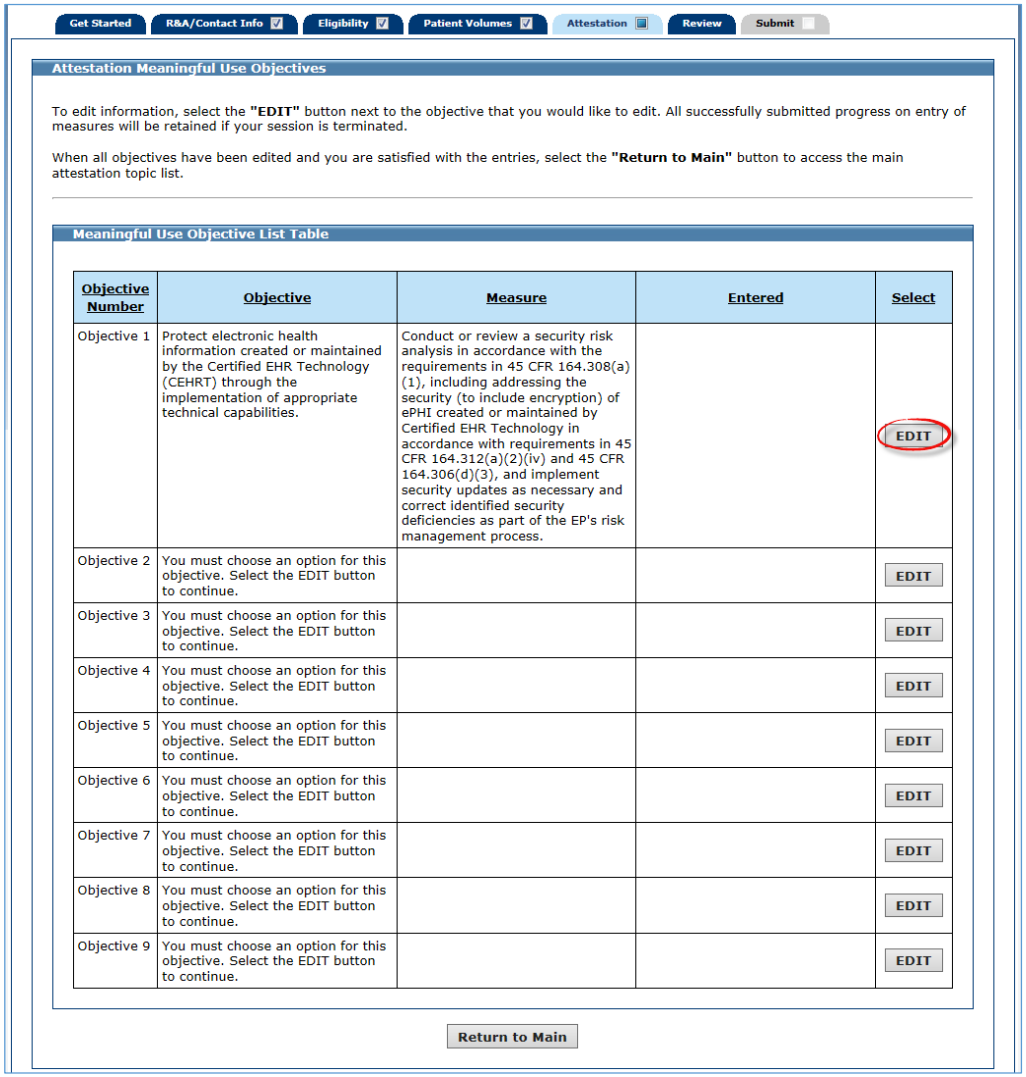
MAPIR 5.7 Screens – MU Objectives 1 – 9 Begin



For providers scheduled to meet **Stage 1** in PY2015, see page **46** of the **EP User Guide Part 2A**

For providers scheduled to meet **Stage 2** in PY2015, see page **26** of the **EP User Guide Part 2A**

MAPIR 5.7 Screens – Objective List Table



Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

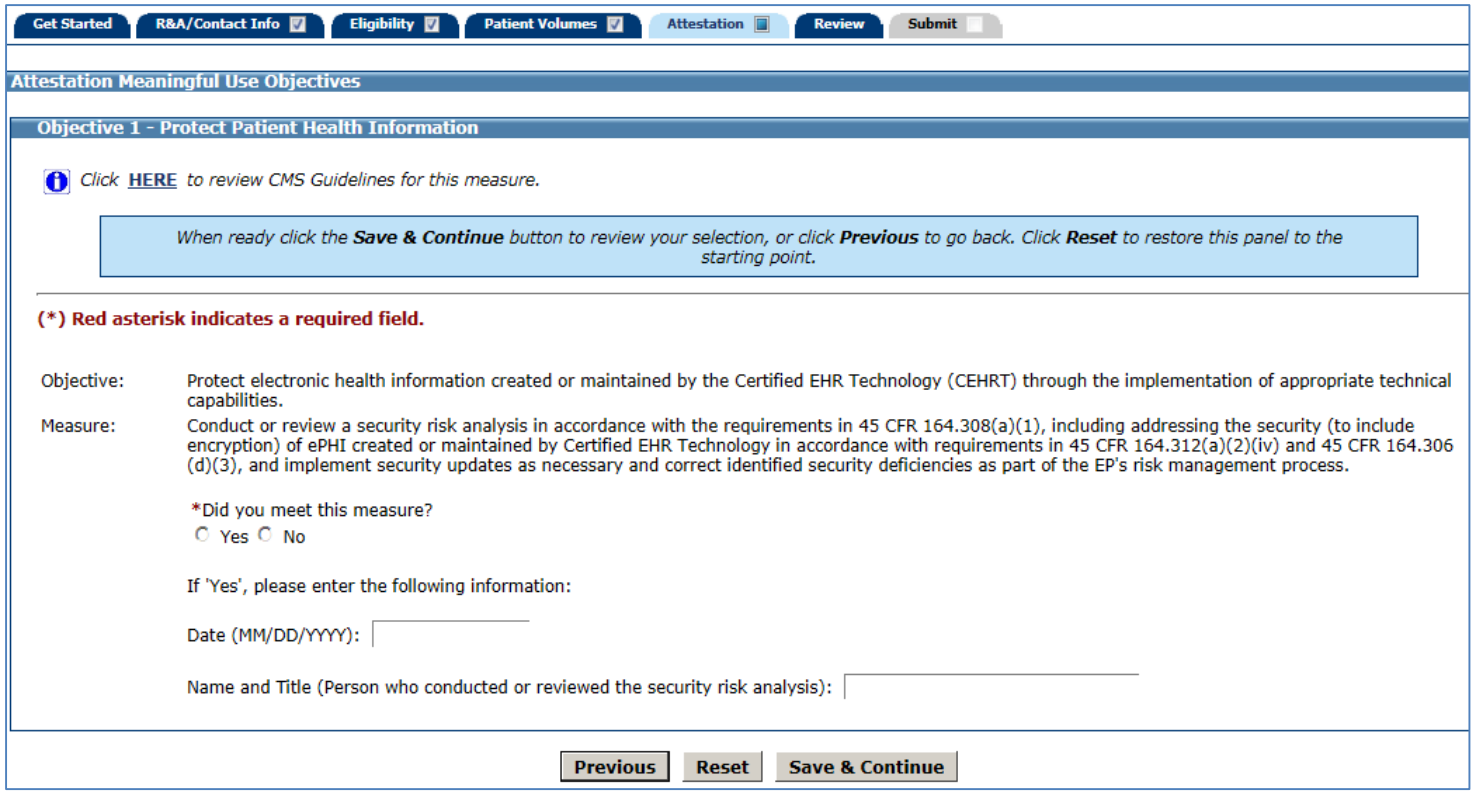
When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.		EDIT
Objective 2	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 3	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 4	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 5	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 6	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 7	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 8	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 9	You must choose an option for this objective. Select the EDIT button to continue.			EDIT

Return to Main

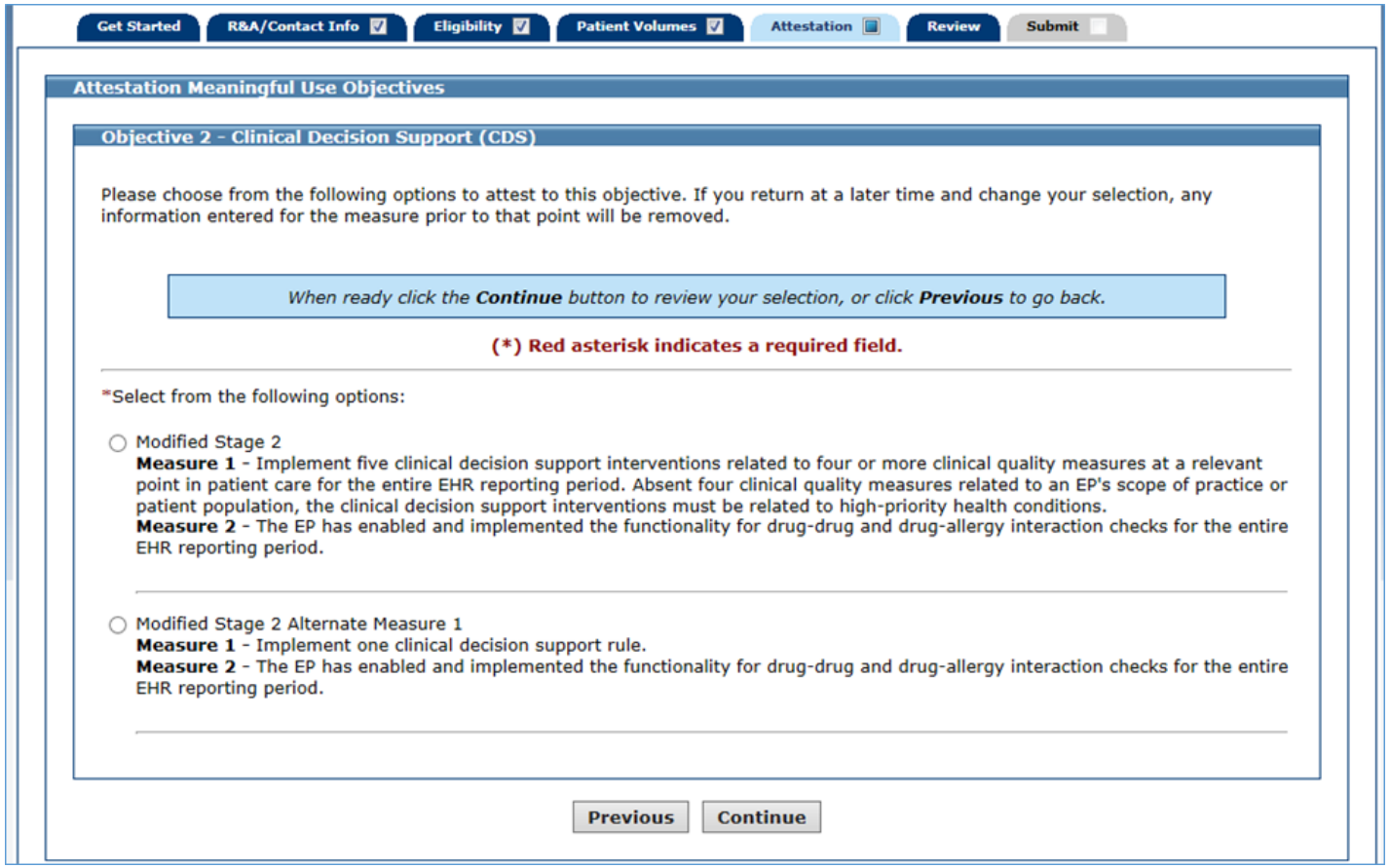
MAPIR 5.7 Screens – Objective 1: Protect PHI



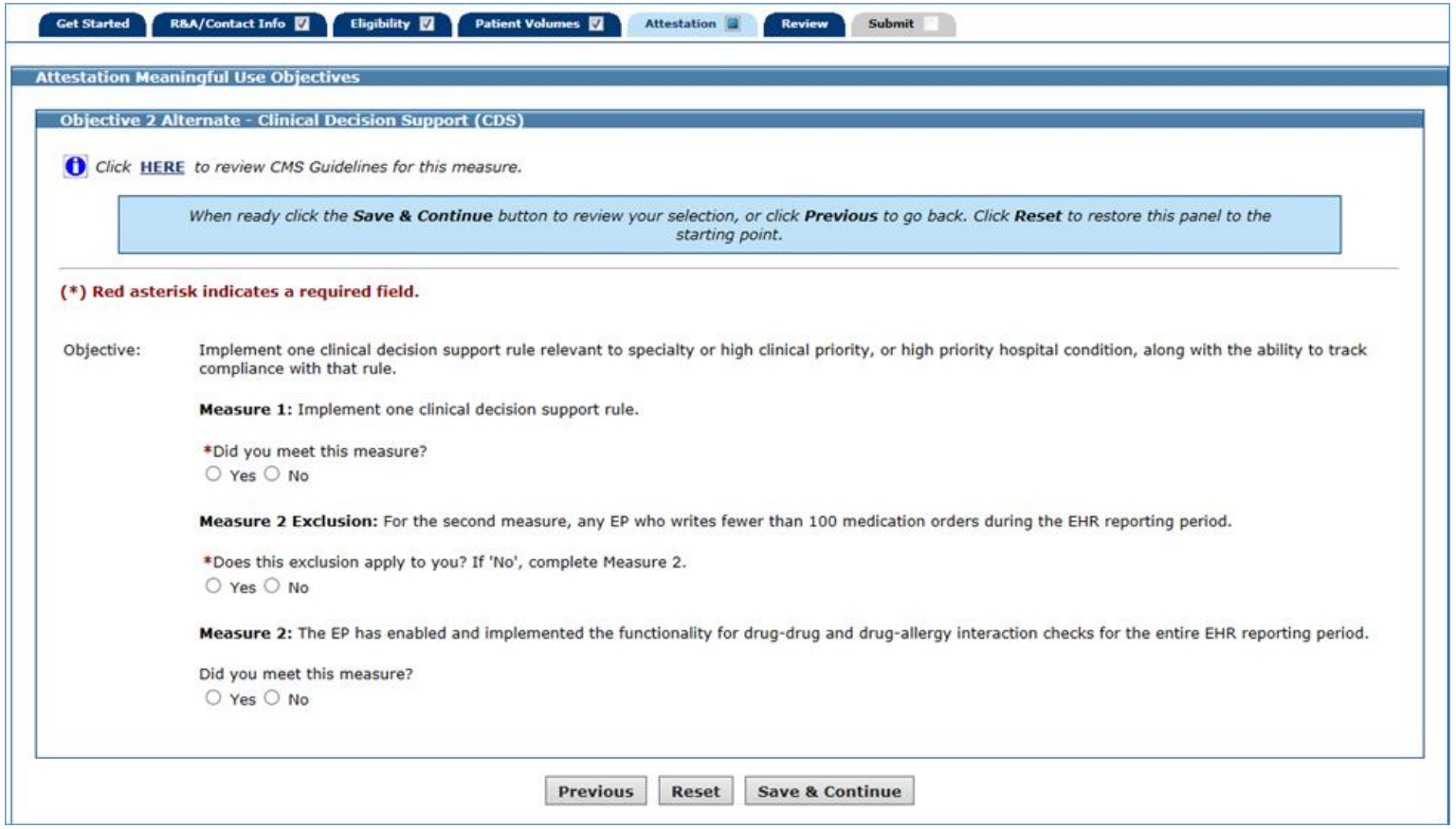
New Documentation Requirement for all PY2015 Applications

The Security Risk Assessment and any associated Corrective Action Plan will be a required documentation element for all PY2015 attestations. Please upload the file(s) when you submit the application.

MAPIR 5.7 Screens – Objective 2: CDS Selection Screen

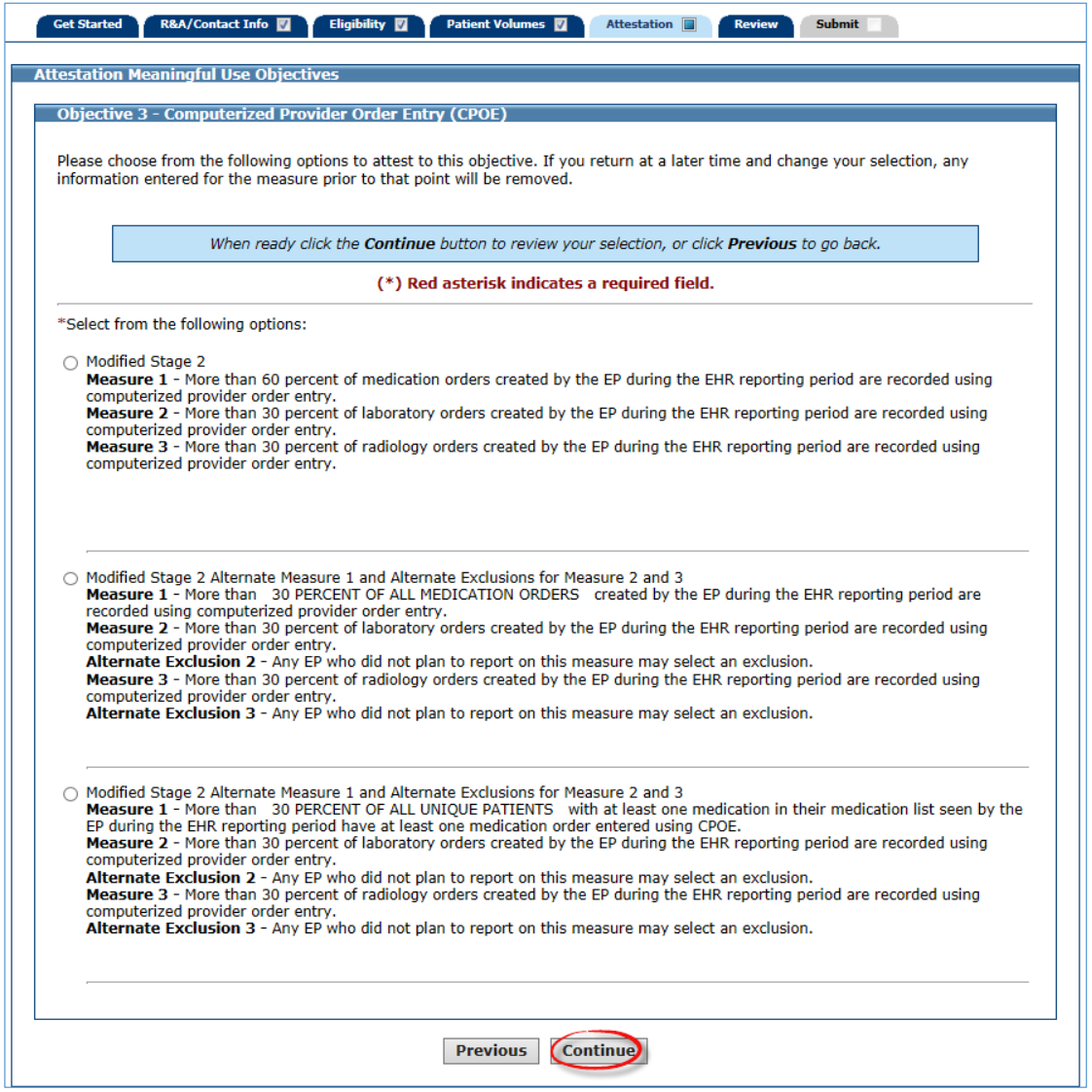


MAPIR 5.7 Screens – Objective 2: Alternate CDS



See pages 50 and 51 in the EP User Guide Part 2A for examples of both Objective 2 screens.

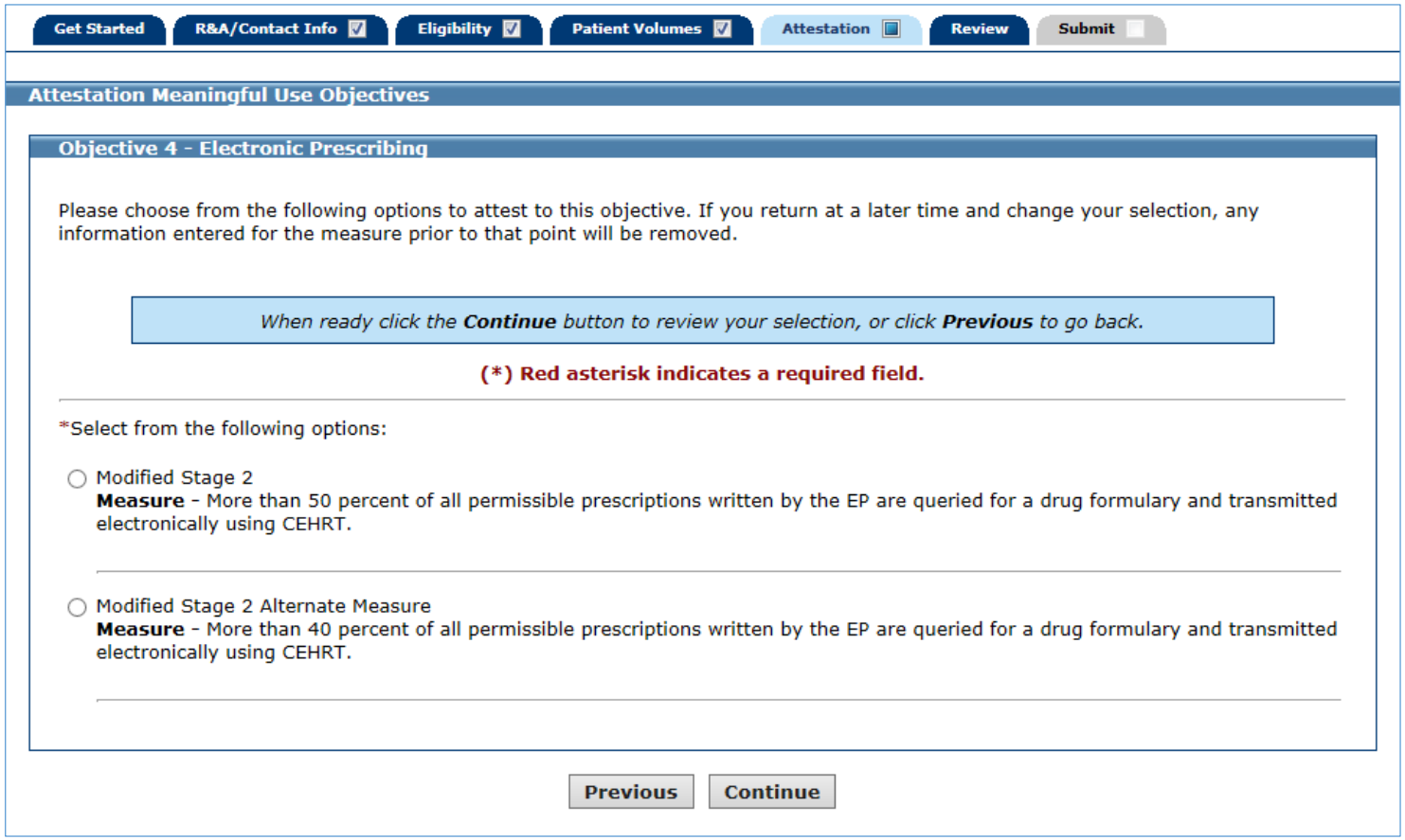
MAPIR 5.7 Screens – Objective 3: CPOE Selection Screen



See pages 52 – 55 in the EP User Guide Part 2A for examples of both Objective 3 screens.

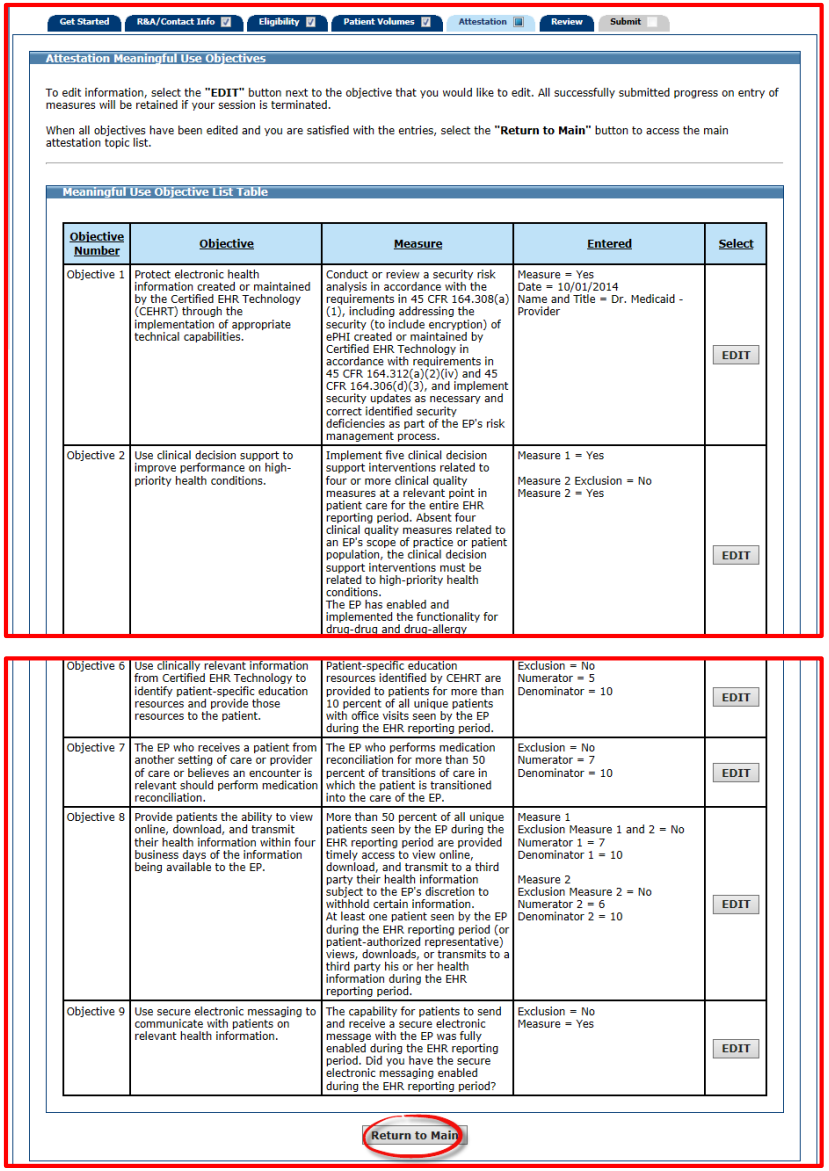
Alternate Exclusion: "The EP did not plan to report on this measure."

MAPIR 5.7 Screens – Objective 4: Electronic Rx Selection Screen



See pages 56 – 58 in the EP User Guide Part 2A for examples of both Objective 4 screens.

MAPIR 5.7 Screens – Return to Main



Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

Attestation Meaningful Use Objectives

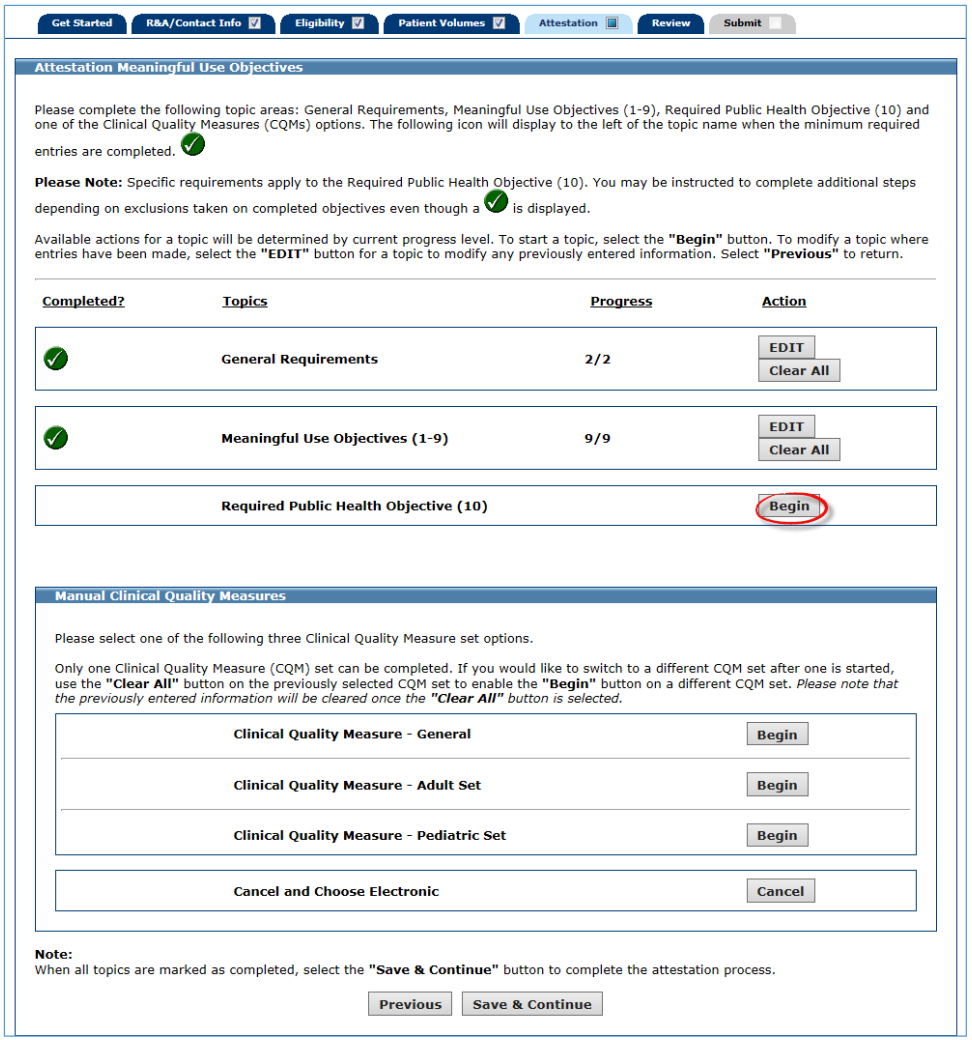
To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.	Measure = Yes Date = 10/01/2014 Name and Title = Dr. Medicaid - Provider	EDIT
Objective 2	Use clinical decision support to improve performance on high-priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. The EP has enabled and implemented the functionality for drug-drug and drug-allergy	Measure 1 = Yes Measure 2 Exclusion = No Measure 2 = Yes	EDIT
Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	Exclusion = No Numerator = 5 Denominator = 10	EDIT
Objective 7	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	Exclusion = No Numerator = 7 Denominator = 10	EDIT
Objective 8	Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information. At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.	Measure 1 Exclusion Measure 1 and 2 = No Numerator 1 = 7 Denominator 1 = 10 Measure 2 Exclusion Measure 2 = No Numerator 2 = 6 Denominator 2 = 10	EDIT
Objective 9	Use secure electronic messaging to communicate with patients on relevant health information.	The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. Did you have the secure electronic messaging enabled during the EHR reporting period?	Exclusion = No Measure = Yes	EDIT

Return to Main



Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	EDIT Clear All
✓	Meaningful Use Objectives (1-9)	9/9	EDIT Clear All
	Required Public Health Objective (10)		Begin

Manual Clinical Quality Measures

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the **"Clear All"** button on the previously selected CQM set to enable the **"Begin"** button on a different CQM set. *Please note that the previously entered information will be cleared once the **"Clear All"** button is selected.*

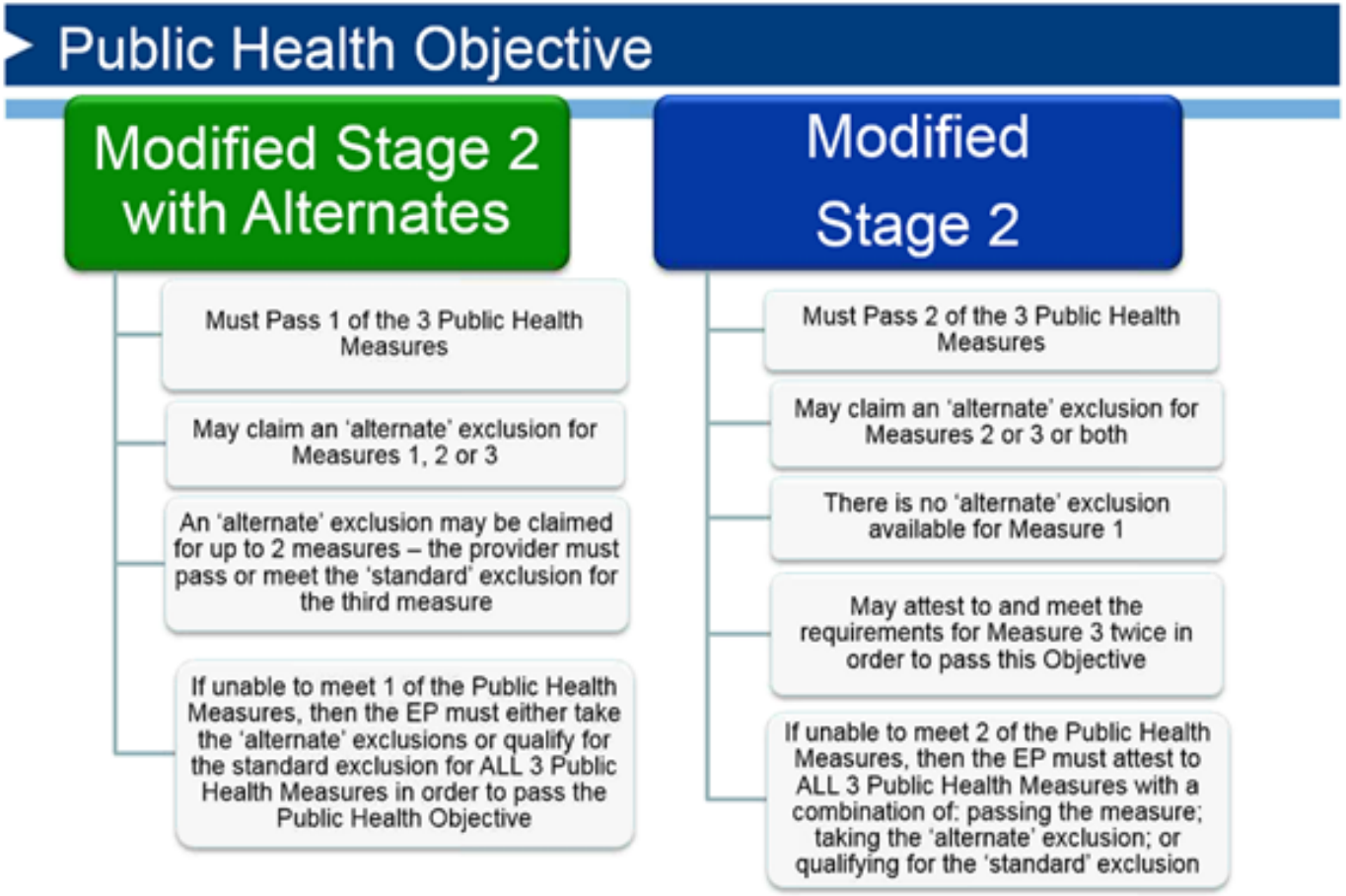
Clinical Quality Measure - General	Begin
Clinical Quality Measure - Adult Set	Begin
Clinical Quality Measure - Pediatric Set	Begin
Cancel and Choose Electronic	Cancel

Note:
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

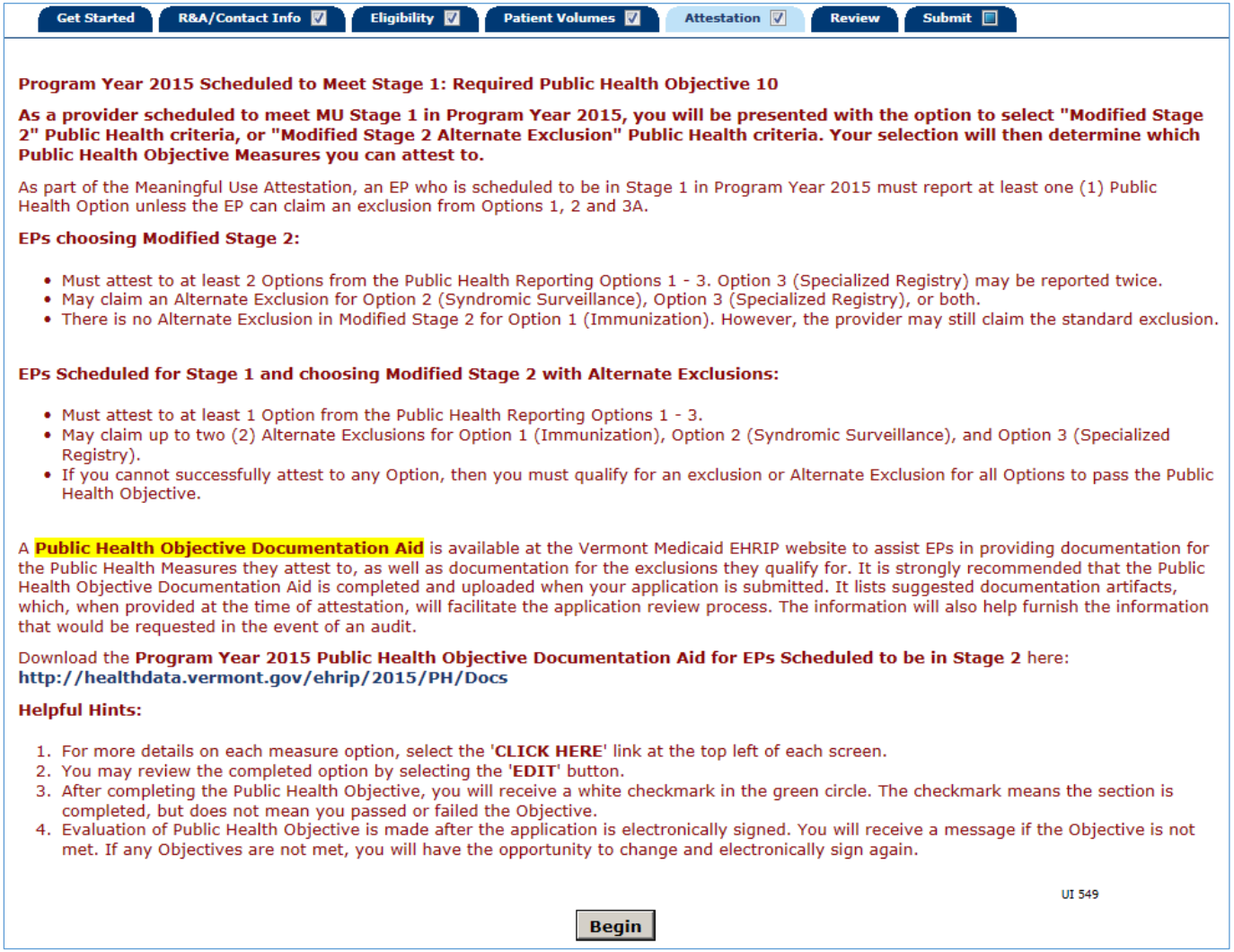
Previous | Save & Continue

VERMONT EHR INCENTIVE PROGRAM

MAPIR 5.7 Screens – Public Health Objective



MAPIR 5.7 Screens – Begin the Public Health Objective



See pages 76 – 86 in the EP User Guide Part 2A for providers scheduled to meet Stage 1.

See pages 33 – 39 in the EP User Guide Part 2A for providers scheduled to meet Stage 2.

MAPIR 5.7 – Public Health Documentation Aid

Program Year 2015 EPs Scheduled to be in MU Stage 1:
"Modified Stage 2 Alternate Exclusion"

Public Health Objective Documentation Aid

INSTRUCTIONS: You will find screenshots of the three Public Health Meaningful Use Measures as they appear within the MAPIR attestation environment, keyed with spaces to provide additional information for the measures met or the exclusions qualified for. This Documentation Aid, when uploaded at the time of attestation, will facilitate the application review process, and will also help provide the information that would be requested in the event of an audit.

Provider Name:	Click here to enter text	**Provider NPI:**	Click here to enter text
In the space below, please enter any additional information regarding the provider's Public Health Objective documentation.			
Click here to enter text			

Vermont Medicaid EHR Incentive Program — Page 1 of 5

1. **Immunization Registry Reporting**

Screenshot from MAPIR: Objective 10 Alternate Option 1 – Immunization Registry Reporting

The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.

*Does this option apply to you?
○ Yes ○ No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

1. ☐ Completed registration to submit data
2. ☐ Testing and validation
3. ☐ Production

EXCLUSION: If Option 1 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

4. Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.
○ Yes ○ No
5. Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.
○ Yes ○ No
6. Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
○ Yes ○ No
7. Provider may claim an exclusion for the measure of the Stage 2 Immunization Registry Reporting objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Immunization Registry Reporting menu objective.
○ Yes ○ No

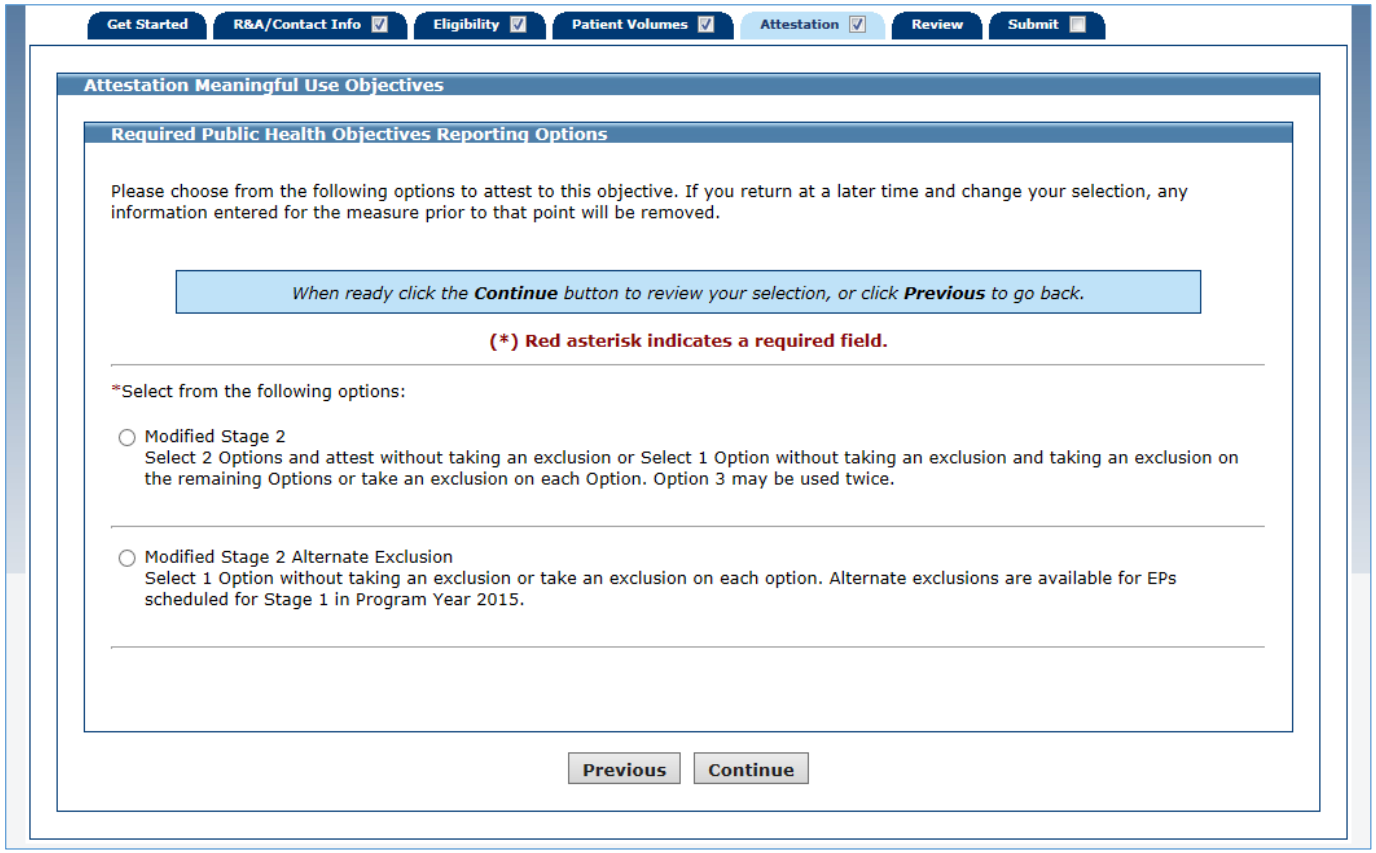
NOTE: Descriptions are limited to 200 characters.

1	**Completed registration to submit data**	
	Description of supporting documentation:	Click here to enter text
	Uploaded to MAPIR attestation?	Choose Yes or No
2	**Testing and validation**	Test Date: Enter Test Date
	Description of supporting documentation:	Click here to enter text (NOTE: If Test Date is before 2015, include description of ongoing testing during 2015)
	Uploaded to MAPIR attestation?	Choose Yes or No
3	**Production**	
	Description of supporting documentation:	Click here to enter text
	Uploaded to MAPIR attestation?	Choose Yes or No
4	If *Yes*, description of supporting documentation (e.g., EHR system report showing any immunizations performed but no data collected; EP letter explaining reasons for exclusion): Click here to enter text	
	Uploaded to MAPIR attestation?	Choose Yes or No
5	Not an exclusion for Vermont EPs, as the Vermont Department of Health declared readiness as of February 2013. New Hampshire EPs may take this exclusion, as the NH Department of Health and Human Services has not yet declared readiness.	
6	Not an exclusion for Vermont EPs, as the Vermont Department of Health declared readiness to accept HL7 2.5.1 as of February 2013. New Hampshire EPs may take this exclusion, as the NH Department of Health and Human Services has not yet declared readiness.	
7	If *Yes*, no further documentation is required.	

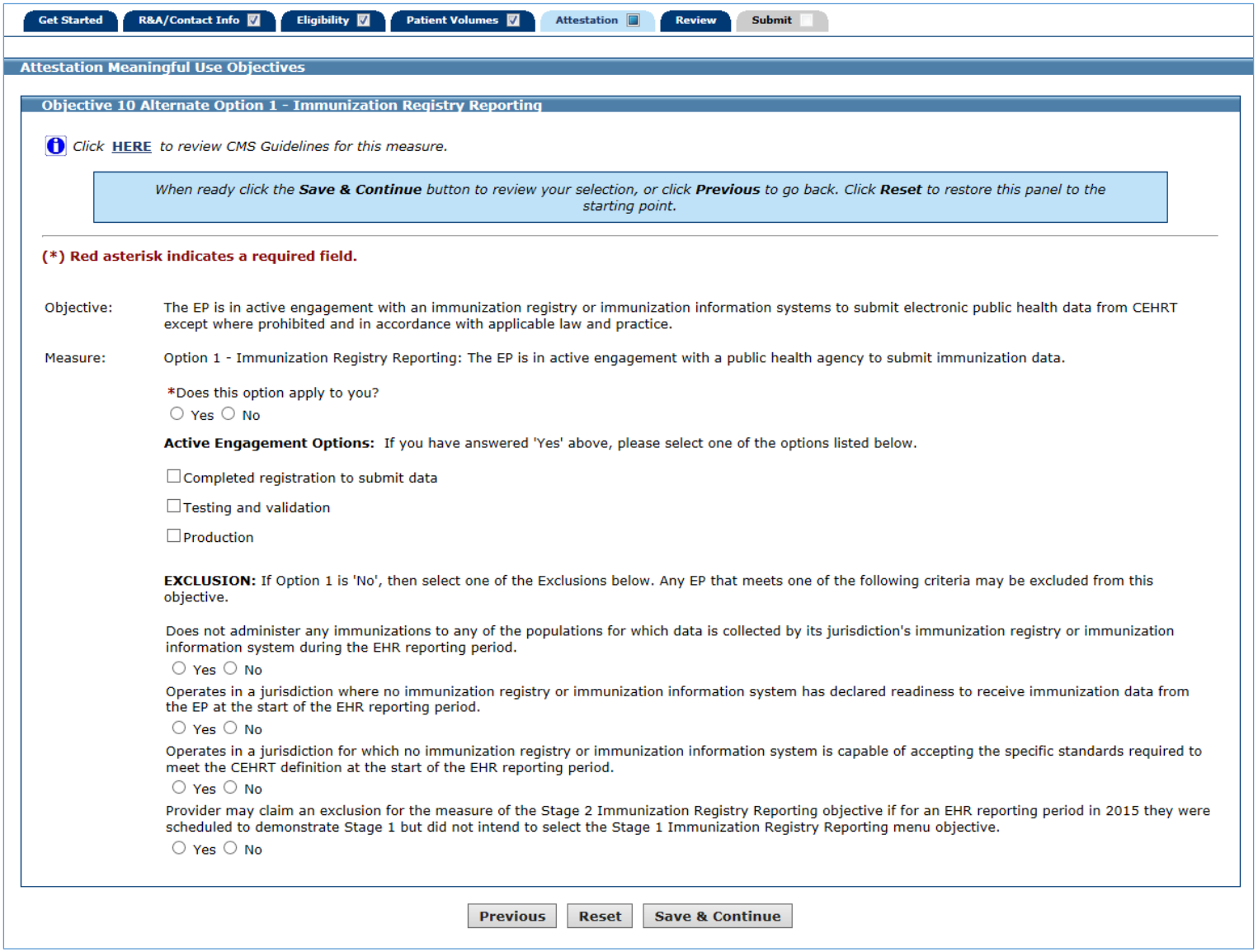
Vermont Medicaid EHR Incentive Program — Page 2 of 5

http://healthdata.vermont.gov/ehrip/2015/PH/Docs

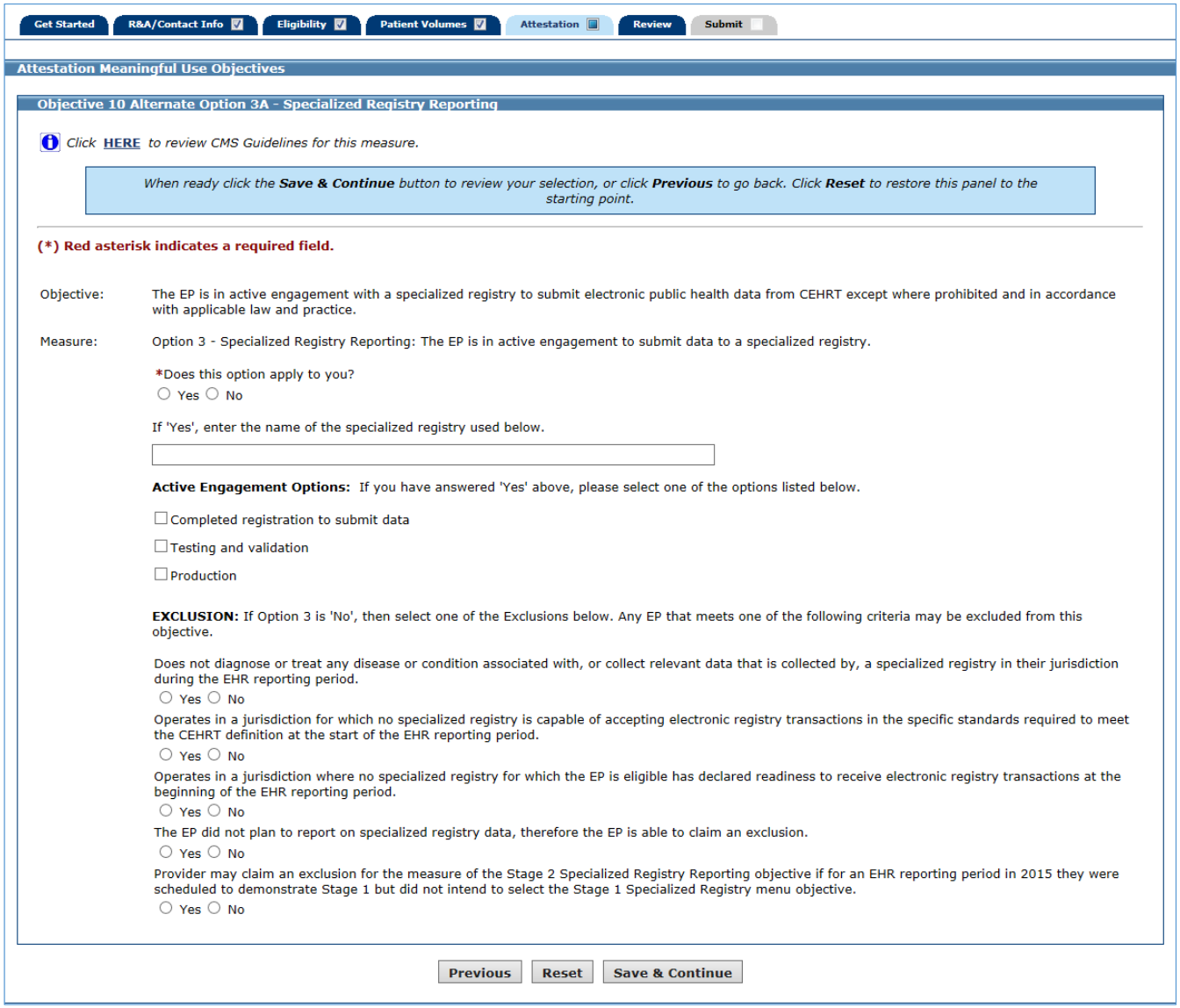
MAPIR 5.7 Screens – Public Health Selection Screen



MAPIR 5.7 Screens – Immunization Registry Reporting



MAPIR 5.7 Screens –



Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

Attestation Meaningful Use Objectives

Objective 10 Alternate Option 3A - Specialized Registry Reporting

Click **HERE** *to review CMS Guidelines for this measure.*

When ready click the ***Save & Continue*** *button to review your selection, or click* ***Previous*** *to go back. Click* ***Reset*** *to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

*Does this option apply to you?

○ Yes ○ No

If 'Yes', enter the name of the specialized registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 3 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period.

○ Yes ○ No

Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

○ Yes ○ No

Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

○ Yes ○ No

The EP did not plan to report on specialized registry data, therefore the EP is able to claim an exclusion.

○ Yes ○ No

Provider may claim an exclusion for the measure of the Stage 2 Specialized Registry Reporting objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Specialized Registry menu objective.

○ Yes ○ No

Previous | Reset | Save & Continue

VERMONT EHR INCENTIVE PROGRAM

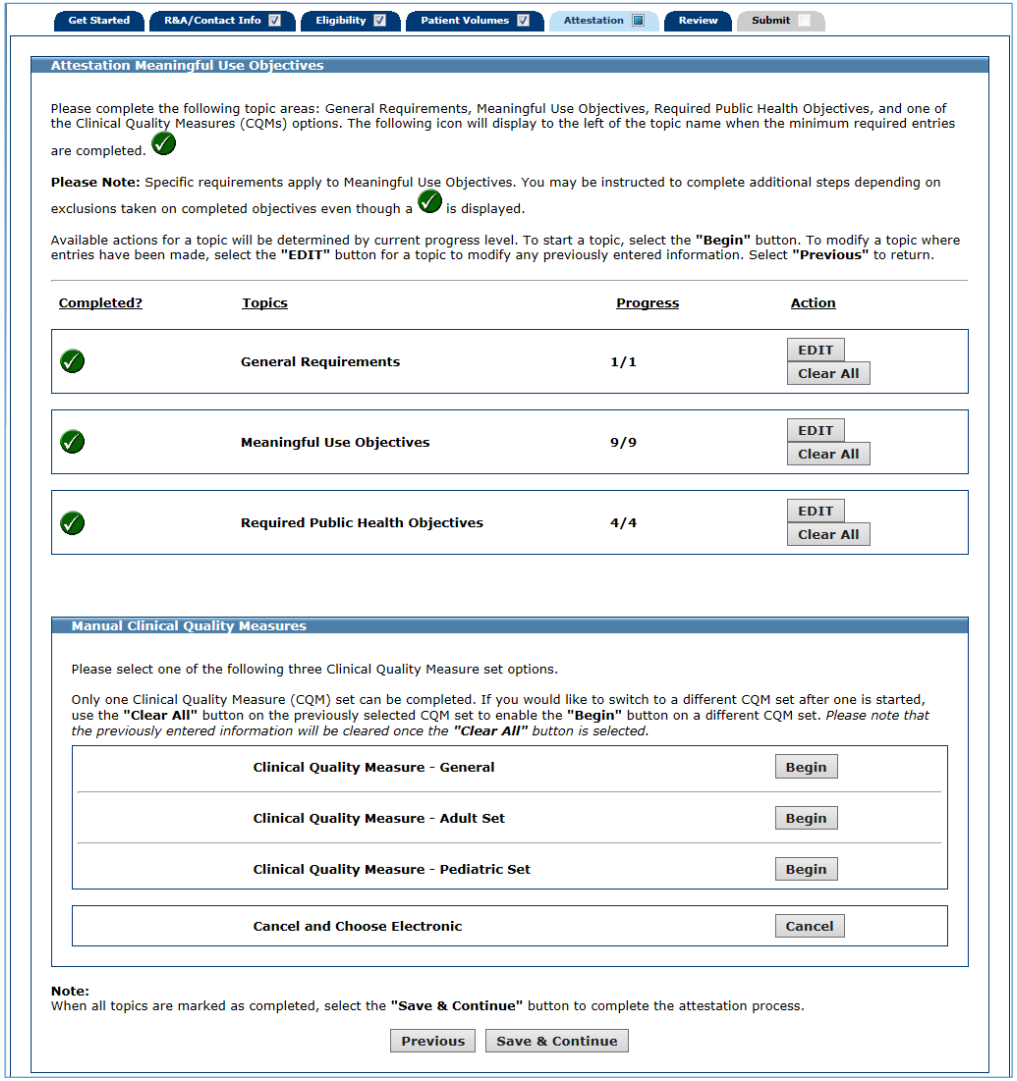
MAPIR 5.7 Documentation for Specialized Registry Reporting

Specialized Registry Documentation

- If in Active Engagement, documentation such as letter or email from the registry confirming registration, testing or in production, for example.
- Supporting Exclusions
  - If not a member of specialty society, signed letter attesting this.
  - If member of specialty society, documentation to support the society is not accepting electronic registry transactions at start of the provider's MU period: specialty website screen shots, letter, email, etc., or an EP letter stating this.

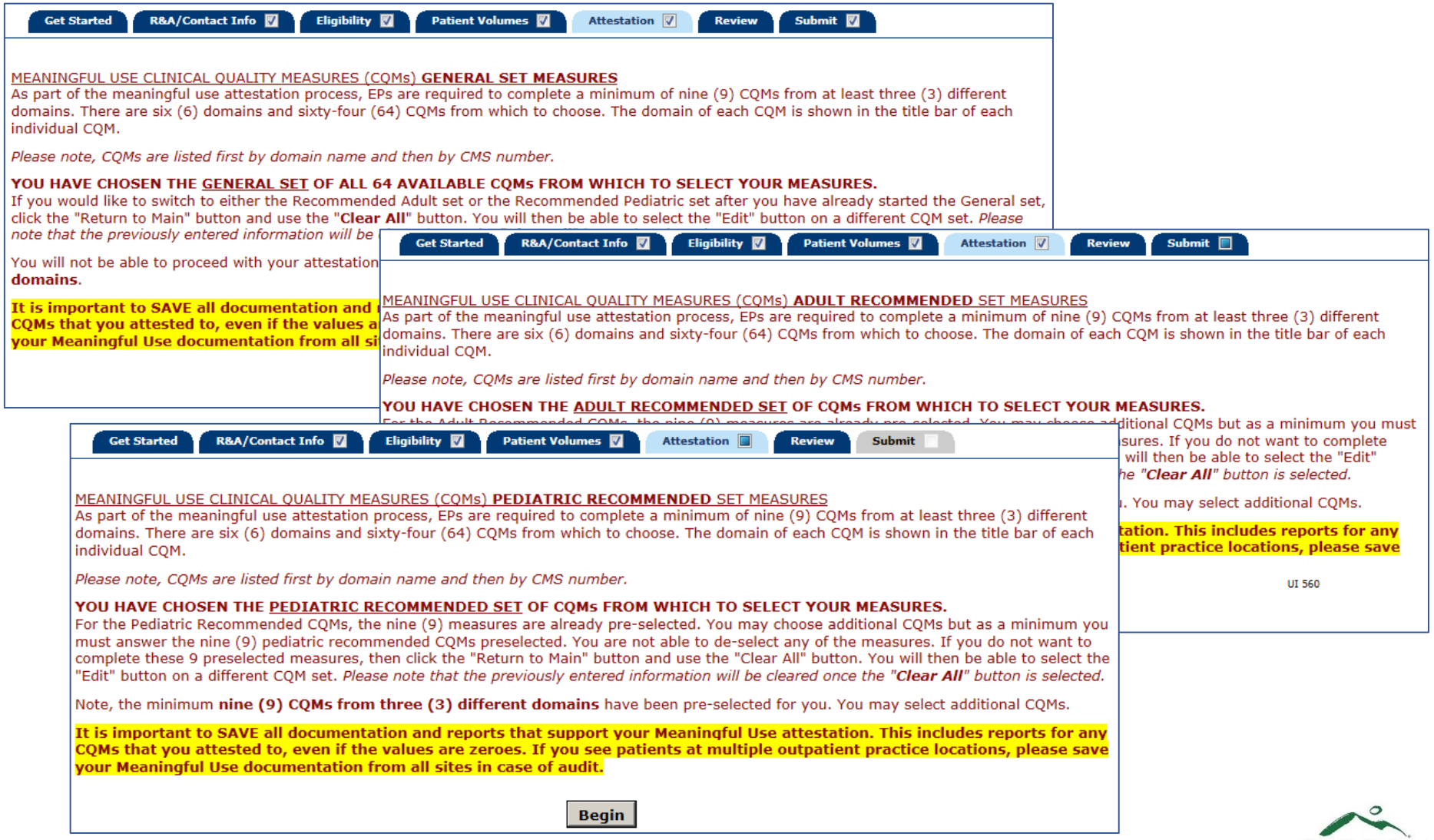
http://healthdata.vermont.gov/sites/healthdata/files/pdfs/EHRIP/2016_02_29_CMS_FAQs.pdf

MAPIR 5.7 Screens – PH Objective Complete

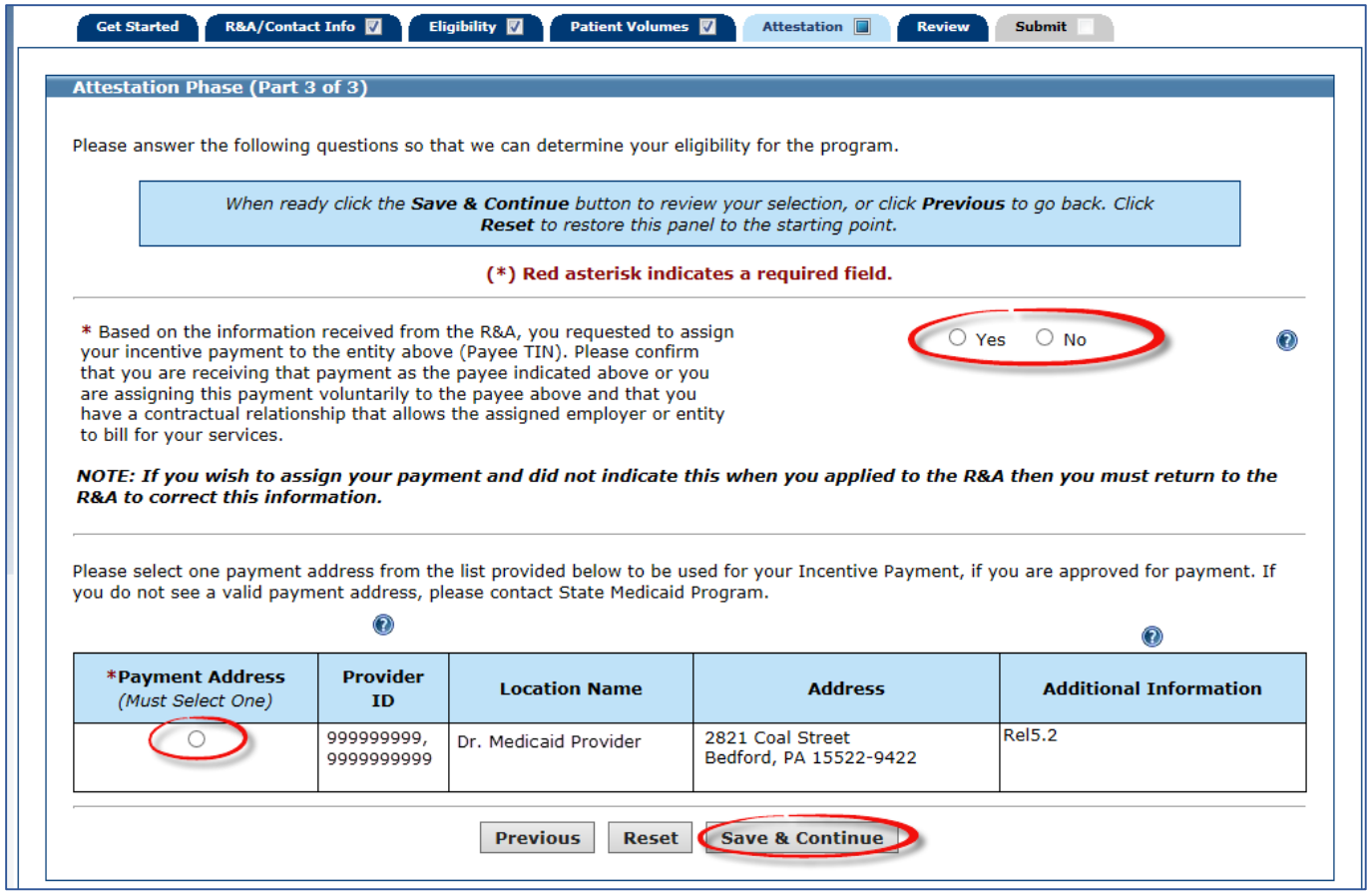


Clinical Quality Measure screens for providers scheduled to meet both Stage 1 and Stage 2 are the same, and begin on page 90 of EP User Guide Part 2A.

MAPIR 5.7 Screens – CQMs

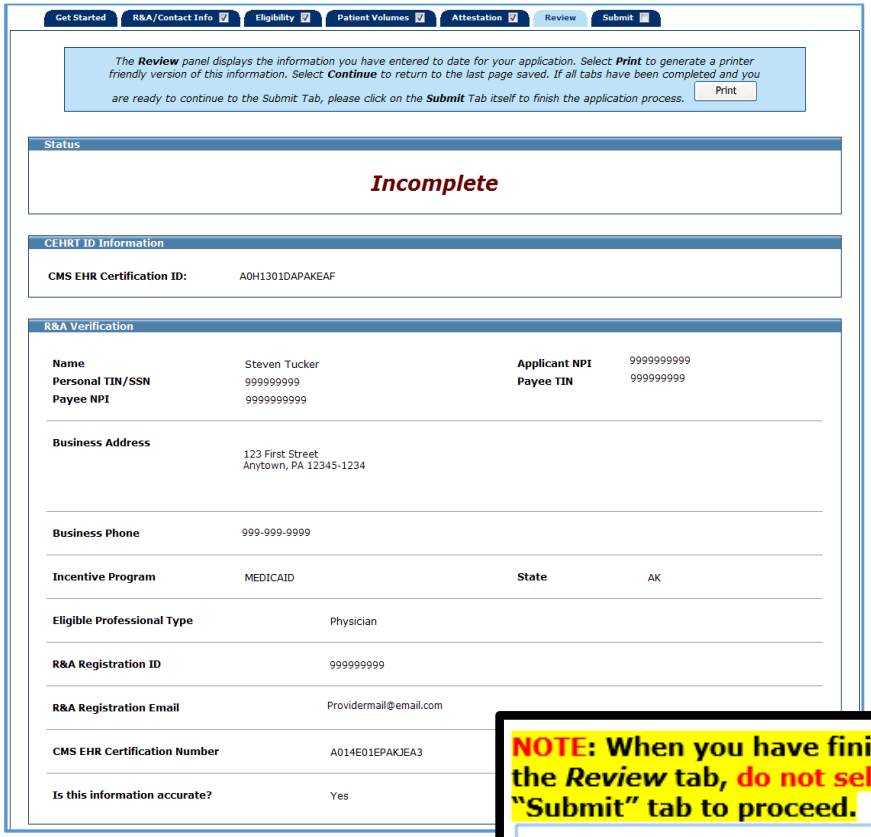


MAPIR 5.7 Screens – Assignment of Payment



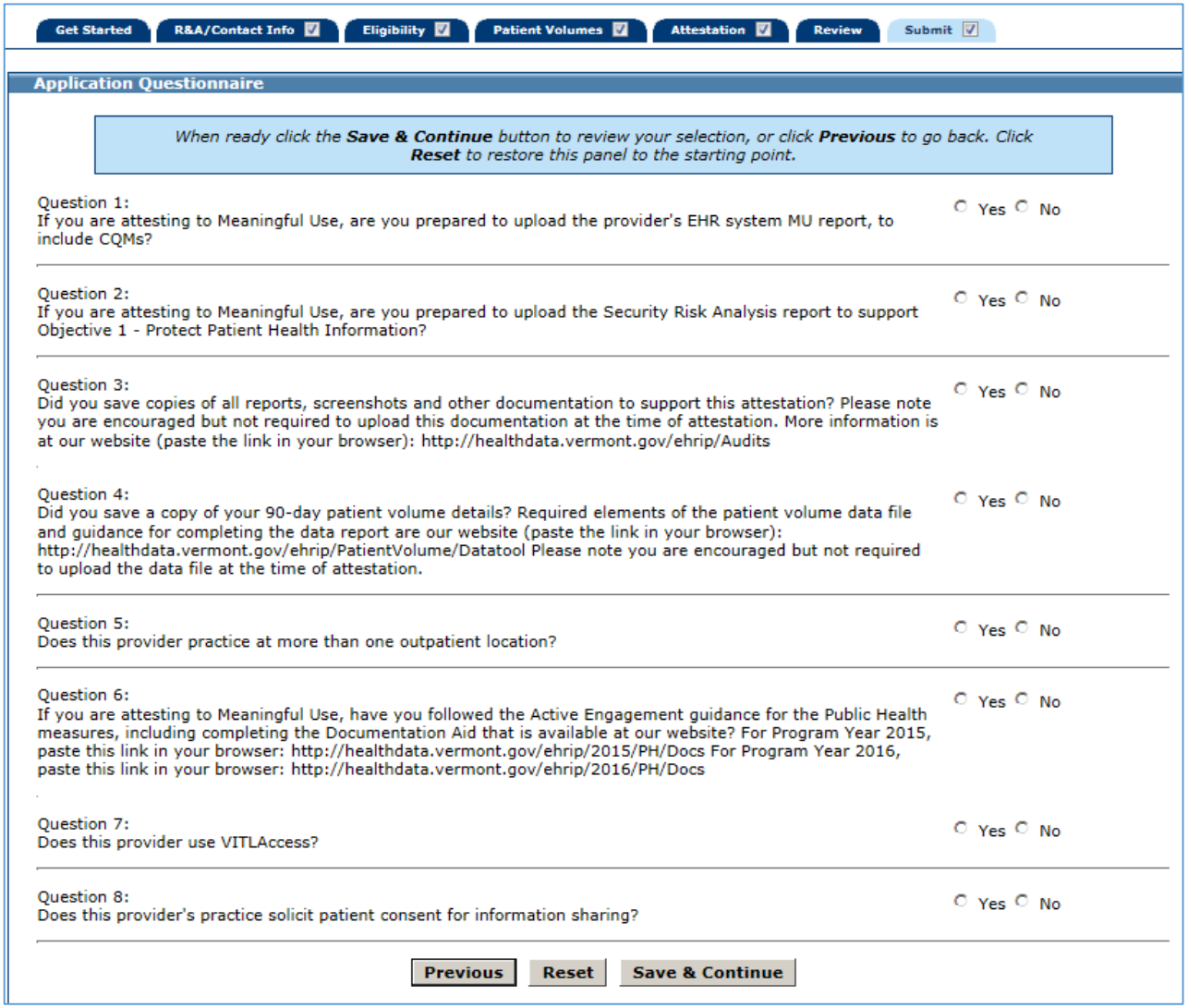
MAPIR 5.7 Screens – Review

A status of "Incomplete" means the application has not yet been Submitted, not necessarily that you are missing information.



NOTE: When you have finished the review of your application information and want to exit the *Review* tab, do not select the "*Continue*" button on this screen. Instead, select the "Submit" tab to proceed.

MAPIR 5.7 Screens – Application Questionnaire



MAPIR 5.7 File Uploads – Required Documentation

File Uploads

You must upload at least one document to support your attestation.

The following is a list of Required items and Recommended uploads.

REQUIRED:

- For each provider attesting to **Adopt/Implement/Upgrade**, you must upload a copy of an invoice, contract, purchase order, license agreement or similar document demonstrating proof of ownership related to your EHR system.
- For each provider attesting with **Group Patient Volume**, you must upload the set of billing NPIs defining the group, and a complete list of individual provider names and individual NPIs for all attending or rendering providers associated with the group, regardless of whether they are Eligible Professionals attesting for an incentive payment.
- For each provider attesting to **Meaningful Use**, you must upload:
  - A copy of the MU report from your EHR system, to include CQMs; AND
  - A copy of the Security Risk Assessment

From page 12 of the EP User Guide Part 3

MAPIR 5.7 File Uploads – Security Risk Analysis

- **Protect Electronic Health Information Objective/Security Risk Analysis (SRA) required to attach to attestation**
  - Should include dated final report that documents the process used to perform the SRA and the results of the review.
  - Should include asset inventory to define scope/show that the EP or practice identified the type, location, the responsible person and whether or not the asset contained PHI.
  - Should include evidence that it was generated for your attested EHR (e.g., identified by provider name, practice name, NPI, etc.).
  - Should include a Corrective Action/Remediation Plan, if applicable, to address any identified deficiencies.
  - FAQ# 13649 addresses the timing of SRA: https://questions.cms.gov/faq.php?faqId=13649&id=5005

MAPIR 5.7 File Uploads – Recommended Documentation

RECOMMENDED:

The following documentation may be requested during pre-payment review, or in the event of a post-payment audit. It is **highly recommended** that you upload them at the time of attestation, when it is easiest to gather and submit all information related to an attestation for the current Program Year.

- For all providers, the **Patient Volume Data Tool,** available at our website: http://healthdata.vermont.gov/ehrip/PatientVolume/Datatool

- For each provider demonstrating Meaningful Use, the **Public Health Objective Documentation Aid**, available at our website: http://healthdata.vermont.gov/ehrip/2015/PH

- For all providers, any **other supplemental documentation** supporting your volume, attestation, validation of certified EHR or information to support your Meaningful Use attestation.

MAPIR 5.7 Other Documentation

Other Recommended Documentation and Tips:

- Documentation for exclusions (MU report may be sufficient).
- Supporting documentation for Yes/No measures.
- Immunization Registry Reporting: Vermont Department of Health (VDH) registration form; VITL Help Tickets; Communications with VDH.
- Clinical Decision Support Objective: See CMS FAQ 10228 https://questions.cms.gov/faq.php?faqId=10228

- Screenshots and other supporting documentation should be dated.
- Documentation should be de-identified and HIPPA compliant.

MAPIR 5.7 Screens – Application Submission

Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

Application Submission (Part 2 of 2)

The Meaningful Use Attestation data that you have attested to has failed to meet mandatory requirements. At this point in time you may opt to submit the application or return to the Attestation Tab to review or revise any data that has been entered.

By signing electronically you have attested to the accuracy of the Meaningful Use data that has been entered. Please be advised that multiple attempts to complete the Meaningful Use data, may result in an audit of the data.

Note: Mandatory requirements must be met to qualify for an incentive payment.

*Click the **Attestation** tab to return to Meaningful Use Attestation, or the **Save & Continue** button to review your selection, or click **Previous** to go back.*

Attestation Meaningful Use Measures

Click the link below to review the Attestation Meaningful Use Measure data that has been entered, as well as the acceptance or rejection outcome for each measure.

If you wish you retain this information for the future reference, please print the information after selecting the link. It will be necessary to Sign Electronically to view the acceptance and rejection outcome of measures after leaving this page.

Meaningful Use Measures

THE MEANINGFUL USE DATA THAT YOU HAVE ATTESTED TO HAS FAILED TO MEET MANDATORY REQUIREMENTS.

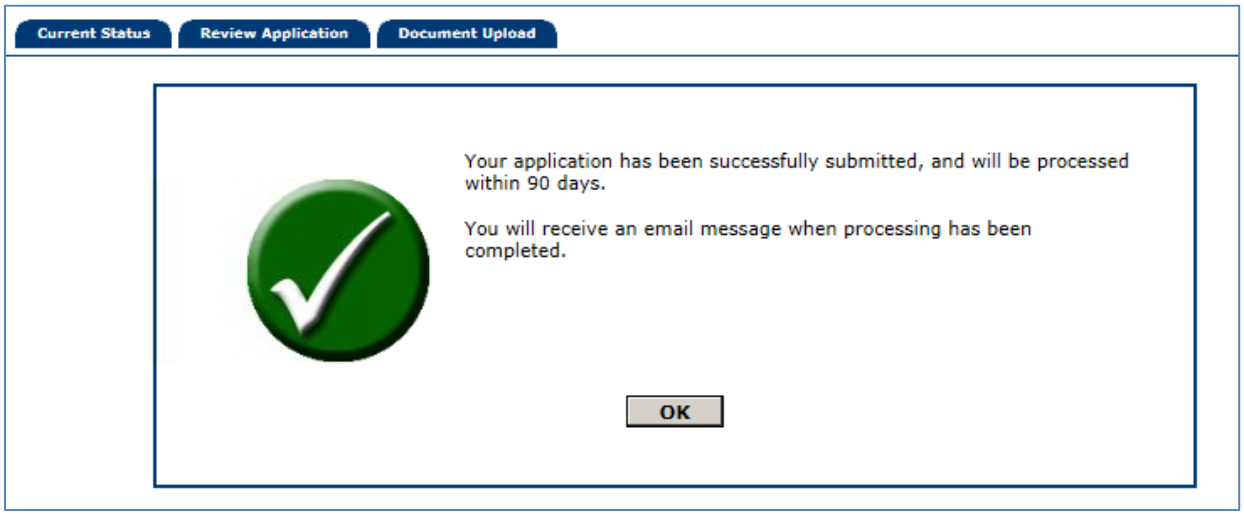
You may have the option to continue with our submission by clicking Save and Continue, but the EHRIP Team will not be able approve the application for further processing, and you will experience delays in receiving payment.

Do not submit the application until you have clicked on the Meaningful Use Measures link and reviewed the ACCEPTANCE or REJECTION outcome for each measure.

Previous | Save & Continue

See pages 19 in the EP User Guide Part 3 for details on the review of rejected MU criteria.

MAPIR 5.7 Screens – Submitted Status



IMPORTANT: If an Eligible Professional's Vermont Medicaid enrollment lapses at any time after an application is started and BEFORE A PAYMENT IS RECEIVED, the application will automatically ABORT from the MAPIR system. All saved data for the application will be eliminated. The attestation must then be restarted from the beginning in MAPIR after the EP becomes fully re-enrolled in Vermont Medicaid.

The

Vermont Medicaid EHR Incentive Program
Department of Vermont Health Access
Website: http://healthdata.vermont.gov/ehrip
EHRIP Team email: ehrip-support@vitl.net